DEVON COUNTY COUNCIL

(MEDICAL DEPARTMENT)

ANNUAL REPORT

OF THE

School Medical Officer

FOR THE YEAR

1953

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER, 1953

INTRODUCTION AND SUMMARY

To the CHAIRMAN and MEMBERS of the DEVON COUNTY EDUCATION COMMITTEE.

MR. CHAIRMAN, MY LORD, LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report upon the work of the School Health Service in the County for the year ended 31st December, 1953.

It is with great satisfaction that I am able to report an important advance regarding the provision of an additional Special School for educationally sub-normal girls and junior boys, as, during the year, Lord Roborough generously offered Maristow House to the Education Committee for this purpose. It is hoped that, when the necessary adaptations are completed, the school will be opened in September, 1954. The opening of the school is greatly welcomed, as the education of educationally sub-normal girls, particularly in domestic economy, is a matter of great importance as they are home-makers of the future, and the education that they get should be reflected in their future homes and in the upbringing of their children.

I am pleased to be able to report that the building of a new School Clinic and Dental Clinic, combined with a Maternity and Child Welfare Centre, to serve the higher part of Bideford, was well on its way to completion at the end of the year.

It is a pleasure also to report the excellent liaison that exists with the Mass Miniature Radiography Units of the Regional Hospital Board. We had to call on their services on several occasions during the year for the X-ray of groups of children in schools in which a case of tuberculosis occurred, and they were always most helpful in arranging for the services of the Unit to X-ray the necessary groups of children.

It is pleasing to note that the staffing position in the School Dental Service has still further improved, the year closing with the equivalent of 17½ whole time Dental Officers. The corresponding figure for the end of 1952 was 16. I referred to the immediate success of the first mobile Dental Clinic in my covering letter to last year's report, and as a consequence two further mobile clinics of improved design were put into service in 1953. There can be no

question as to the value of these clinics and I am convinced that it is only by the increasing use of these vehicles that it will be possible to maintain the strength of dental staff in the future. There is no doubt that when our present mobile dental officers retire or leave the service, as some of them are shortly bound to do, it will not be possible to replace them unless working conditions such as the mobile dental clinics afford can be provided throughout the county. The pioneering days of transportable equipment set up in makeshift clinics is past and it is evident that young dental officers trained under modern hospital conditions are not prepared to accept appointments where dental work is still carried out in this way. A fleet of six or seven of these vehicles—of which the county has now three, with another approved for the financial year 1954-55—must be looked for in the very near future.

As regards the establishment of Dental Officers, a very strong case for an increase is made out. It is most disappointing to the dental officers and to the parents of children that the period between their successive routine dental inspections should be so long that their best efforts to provide adequate dental care are in some cases frustrated. This state of affairs must tend to cause parents to lose faith in the school dental service as the agency whereby the dental health of their children is to be secured.

I again take the opportunity of expressing my thanks to the Committee for their assistance to me during the year in running the School Health Service, and to my Deputy, Dr. W. J. Doyle, who has been chiefly responsible for the compilation of this report, also to all my staff who have, by their co-operation, assisted in the running of the Service.

The thanks of this department are also due to the Heads of the schools, whose help and ready co-operation ensured the smooth working of the Service.

I am,

Your obedient servant,

L. MEREDITH DAVIES.

COUNTY MEDICAL DEPARTMENT,
"IVYBANK,"
45, ST. DAVID'S HILL,
EXETER.

STAFF.

The following lists of Staff show those employed during the whole or any part of the Year 1953:—

Principal School Medical Officer.

L. Meredith Davies, M.A., M.D., B.Ch. (Oxon), M.R.C.S., L.R.C.P., D.P.H. (Oxon).

Deputy School Medical Officer.

W. J. Doyle, M.B., B.Ch., B.A.O., D.P.H., B.Sc., (Public Health), L.M.

Assistant County Medical Officers and Medical Officers of Health. (Mixed Appointments).

L. G. Anderson, M.D., Ch.B., D.P.H. (Exmouth U.D., Budleigh Salterton U.D. and St. Thomas R.D.)
A. Dick, M.D., Ch.B., D.P.H. (Brixham, Dartmouth and Paignton U.Ds.) (Retired 30.11.53).
H. M. Davies, M.A., M.R.C.S., L.R.C.P., D.P.H. (Newton Abbot U.D. & R.D., Dawlish U.D., Teignmouth U.D.C.).

Assistant County Medical Officers.

Nora Emma Rose Archer, M.A., D.M., B.Ch., D.P.H. (Appointed 1.10.53.)
Mary Eluned Budding, B.Sc., M.B., B.Ch., D.P.H.
Thomas Johannes Davidson, M.B., Ch.B., D.P.H., D.T.M.&H.
Dorothy M. Green, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
Marjorie H. King, M.B., Ch.B., D.P.H.
Joyce Rewcastle Ludlow, M.B., B.S., F.R.C.S. (Appointed—Part-time, 1.12.53.)
Margaret Sheila O'Riordan, B.A., M.B., B.Ch., B.A.O.
John Southmead Rogers, M.R.C.S., L.R.C.P.
Nora Proctor-Sims, M.R.C.S., L.R.C.P., M.R.C.O.G.
Louis Solomon, B.A. (Hon.), M.B., B.Ch. B.A.O., L.M., D.P.H., D.C.H.
Harold Russell Vernon, T.D., M.B., Ch.B.
Grace Hortense Walker, M.B., Ch.B., D.P.H.

Ophthalmic Surgeons on the staff of the South Western Regional Hospital Board.

Margaret Lempriere Foxwell, M.R.C.S., L.R.C.P., D.P.H., D.C.H.
William Gardner Hutton, M.A., M.R.C.S., L.R.C.P., D.O.M.S.

County Ophthalmic Surgeons' Assistants.

Dorothea M. Newman.
Edith Barth.

County Psychiatrist.

H. S. Gaussen, M.R.C.S. (Eng.), L.R.C.P. (Lond.), (Part-time).

Medical Adviser in Mental Health.

Christine Joanna McLeay, M.B., Ch.B.

County Psychologist.

Elizabeth Yeo, M.A. (Oxon).

Senior Psychiatric Social Worker in Child Guidance.

Helen Jaspan, S.S.C. (Lond.) 1949; Cert. in Psychiatric Social Work, (Edin.) 1949.

Psychiatric Social Worker.

P. J. Rose, Soc. Sc. Cert., M.H. Cert., Ordre de Merit Diploma of the International Union of Child Welfare (appointed 12.10.53).

Social Worker in Child Guidance (Temporary).

Frances Mary Dickinson, D.S.S., (Part-time) (resigned 10.10.53).

Speech Therapists.

Valerie Joy Campion, L.C.S.T. (appointed 8.9.53).
Dawn Maureen Dickinson, L.C.S.T.
Pamela Marian Dunn, L.C.S.T. (resigned 20.6.53).
Marian Joan Perry, L.C.S.T. (resigned 23.12.53).

Dental Staff.

Principal School Dental Officer.
J. Fletcher, L.D.S.
County Dental Officers.
R. O. Borgars, L.D.S., R.C.S. (Eng.) (resigned 31.12.53).
A. T. Dally, L.D.S.
G. J. Derbyshire, L.D.S.
J. L. Dickson, L.D.S.
T. L. Fiddick, L.D.S. (Temporary) Full-time to 18.4.53, part-time from 22.4.53.
H. W. Gibbs, L.D.S., R.C.S. (Eng.).
D. R. House, M.R.C.S., L.R.C.P., L.D.S.
K. W. Massey, L.D.S.
W. R. Matthews, L.D.S., R.C.S. (Eng.) (Temporary part-time).
A. S. Peacock, L.D.S., D.D.O. (Also part-time Orthodontist).
W. H. Phillips, L.D.S.
J. Pollock, L.D.S., R.F.P.S. (G), (appointed 2.10.53).
J. A. Pugh, L.D.S. (Temporary part-time).
Barbara J. Shapland (Miss), L.D.S.
J. E. B. Smith, L.D.S.
J. W. Steer, L.D.S.

E. A. St. Helier Tweney, C.D.S., R.C.S. (Eng.) (appointed 20.4.53, resigned 25.7.53).
J. K. Vowles, B.D.S.
F. M. Warren, B.D.S. (Bristol), L.D.S. (Bristol), L.D.S., R.C.S. (Eng.) (appointed 16.2.53).

Dental Attendants.

Miss P. M. Beale.
Miss S. E. Bearne.
Miss G. M. Davie.
Miss F. Featherstone.
Mrs. R. Gentry.
Miss C. B. Golding.
Miss J. P. S. Gowan.
Miss G. D. Hill (resigned 27.10.53).
Miss F. R. Hickmott (appointed 16.2.53).
Miss E. Horrill.
Miss K. Hudson.
Miss P. Moyse (part-time).
Mrs. B. E. Power.
Miss D. Sabine.
Mrs. W. Sabine.
Miss M. Sheldon.
Miss B. D. H. Sibun (appointed 16.11.53).
Miss M. E. M. Skinner.
Mrs. W. F. Turnbull.

In addition, five temporary part-time Dental Attendants were employed for short periods during the year.

Health Visitors—School Nurses.

Senior Medical Officer for Maternity and Child Welfare.

Dr. Florence Gloria Richards, M.R.C.S., L.R.C.P., D. (Obst.), R.C.O.G. (Supervises the work of the Health Visitors—School Nurses. No part of the salary connected with this post is allocated to the School Health Services).

Miss A. P. Andrews, S.R.N., S.C.M., H.V.C.
Miss F. M. Axford, S.R.N., S.C.M., H.V.C.
Miss H. J. Ballard, S.R.N., S.C.M., H.V.C.
Miss K. M. Carr, S.R.N., S.C.M., H.V.C.
Miss M. A. S. Clarke, S.R.N., S.C.M., H.C.V. (Commenced 1.2.53)
Miss J.B. Clark, S.R.N., S.C.M., H.V.C.
Miss I. K. Edwards, S.R.N., S.C.M., H.V.C.
Miss H. Farley, S.R.N., S.C.M., H.V.C. (Commenced 18.5.53)
Miss H. Faulkner, S.R.N., S.C.M., H.V.C.
Miss C. C. Forbes, S.R.N., S.C.M., H.V.C. (Commenced 28.9.53 Res'd 19.12.53)
Miss B. Gallagher, S.R.N., S.C.M., H.V.C.
Miss M. C. E. Gibbons, S.R.N., S.C.M., H.V.C.

Miss L. Gilbert, S.R.N., S.C.M., H.V.C.
Mrs. J. A. Godfrey, S.R.N., S.C.M., H.V.C.
Miss G. Greenwood, S.R.N., S.C.M., H.V.C.
Miss E. M. Hall, S.R.N., S.C.M., H.V.C.
Miss M. Harris, S.R.N., S.C.M., H.V.C.
Miss M. Harry, S.R.N., S.C.M., H.V.C.
Miss Hartigan, S.R.N., S.C.M., H.V.C. (Commenced 22.6.53)
Miss K. M. Hensel, S.R.N., S.C.M., H.V.C.
Miss E. Honeywell, S.R.N., S.C.M., H.V.C.
Miss E. J. Jackson, S.R.N., S.C.M., H.V.C.
Miss M. Leathley, S.R.N., S.C.M., H.V.C.
Mrs. L. Lee, S.R.N., S.C.M., H.V.C. (Resigned 14.3.53)
Miss G. Mason, S.R.N., S.C.M., H.V.C.
Miss R. I. Morris, S.R.N., S.C.M., H.V.C.
Miss C. C. Paul, S.R.N., S.C.M., H.V.C. (Commenced 1.5.53 Resigned 24.10.53)
Miss I. W. Pester, S.R.N., S.C.M., H.V.C.
Miss D. Pulsford, S.R.N., S.C.M. ,H.V.C.
Mrs. A. Ralls, S.R.N., S.C.M., H.V.C.
Miss R. H. F. Read, S.R.N., S.C.M., H.V.C. (Commenced 23.3.53)
Miss J. W. Rennie, S.R.N., S.C.M., H.V.C.
Mrs. E. M. Rogers, S.R.N., S.C.M.
Miss E. Ryall, S.R.N., S.C.M., H.V.C.
Miss E. M. Sercombe, S.R.N., S.C.M., H.V.C.
Miss M. J. Simpson, S.R.N., S.C.M., H.V.C.
Miss N. Smith, S.R.N., S.C.M., H.V.C.
Mrs. W. Sparks, S.R.N., S.C.M., H.V.C.
Miss B. Sullivan, S.R.N., S.C.M., H.V.C. (Commenced 20.4.53)
Miss M. E. Stone, S.R.N., S.C.M., H.V.C.
Miss M. M. Thain, S.R.N. ,S.C.M., H.V.C.
Miss J. M. Wallace, S.R.N., S.C.M., H.V.C.
Miss M. Walters, S.R.N., S.C.M.,
Miss O. Walters, S.R.N., S.C.M., H.V.C.
Miss S. E. Williams, S.R.N., S.C.M., H.V.C. (Commenced 16.11.53)
Mrs. E. L. Willis, S.R.N., S.C.M., H.V.C.

School Nurse.

Mrs. E. M. Clarke, S.R.N.

Nursing Assistants.

On 31st December, 1953 there were 12 full-time and 3 part-time Nursing Assistants.

Clerical Staff.

CHIEF CLERK.
H. T. Baldwyn.

School Health Section.

CLERK IN CHARGE OF SECTION :
W. A. Down.

GENERAL STATISTICS.

Area of Administrative County—1,649,207 acres.

Population of Administrative County, Registrar General's Estimate Mid 1953 (Constructed)—507,900

Rateable value of County—£3,709,219 (1.1.54).

Value of 1d. rate on area 1953/4—£14.750.

		Primary	*Secondary* *	*Special*	*Total*	*Further*
(a)	Number of Schools: ..					
	County	225	59	3	287	7
	Voluntary	177	2	—	179	—
		402	61	3	466	7
(b)	Number of pupils on registers 31.12.53 ..	41,949	18,768	154	60,871	581 † (full-time)
(c)	Number of permanent closures during year ..	—	—	—	—	—
(d)	Estimated average number of pupils on registers including Secondary Technical Departments	60,000				

* Inclusive of Modern, Grammar and Technical (Secondary) age.
† Technical etc., other than " secondary age " pupils.

MEDICAL INSPECTION.

(*a*) General.

The total number of children medically examined at " Periodic " Inspections in Primary and Secondary School (including Special Schools) was 22,516 against 21,373 in 1952, and the number examined as " Specials"† was 14,174 against 15,829 in 1952. The number of " Re-inspections "† carried out during 1953 was 33,876 against 35,242 in 1952 (see Table below).

(*b*) Children found at Periodic Examinations to require treatment.

The number of children found under this heading (excluding those suffering from dental disease, dirty or verminous conditions) is shown in Table 1 (C).

The percentage for Primary school children was 8.2 as against 10.59 for 1952. For secondary schools the figure was 7.73 (10.73 in 1952).

Table 1 (a and b).

Medical Inspection of Pupils attending Maintained Primary and Secondary *Schools (Including Special Schools)

(A). PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups.

	Total
Entrants	7,746
Second Age Group	5,459
Third Age Group	3,661
TOTAL ..	16,866
Number of other Periodic Inspections	5,650
GRAND TOTAL	22,516

(B). †OTHER INSPECTIONS.

Number of Special Inspections	14,174
Number of Re-Inspections	33,876
TOTAL ..	48,050

* Including those of Modern Grammar and Technical (Secondary age) type.

† These figures include examinations at School Clinics as well as those carried out at schools.

SCHOOL NURSES' VISITS AND EXAMINATIONS.

Number of visits to schools for any purpose during the year ..	5,878
Number of visits to homes of school children for any purpose during the year	5,627

PUPILS FOUND TO REQUIRE TREATMENT.

Number of individual children found at Periodic Medical Inspections to require Treatment for any condition except Dental, Dirty Conditions, or Verminousness:—

Table 1 (c).

Group	*For defective vision (excluding Squint and other conditions of the Eyes).*	*For any of the other conditions recorded in Table* IIA.	*Total individual pupils.*
Entrants	99	667	711
Second age group	135	249	366
Third age group	97	149	233
Total (prescribed groups) ..	331	1,065	1,310
Other periodic inspections ..	211	336	492
Grand Total ..	542	1,401	1,802

FURTHER EDUCATION.

In addition to the children medically examined at Primary and Secondary Schools 166 pupils were examined at Periodical Medical Inspections at *Science, Technical and Art Schools, and 14 were found to require Treatment (other than Dental or Verminous conditions). 16 pupils were re-examined. There were 2 special examinations.

Seventy-five student teachers training at Rolle College, Exmouth, were also examined—as " Leavers."

* (These figures exclude " SECONDARY AGE " pupils).

TABLE II. (A). PERIODIC MEDICAL EXAMINATIONS.
DEFECTS REQUIRING TREATMENT.

Defects and Diseases.	Primary *(13,566)	Incidence per 1,000 Children Examined	Secondary (Mod. Sec. & Grammar Type) (8,950)	Incidence per 1,000 Children Examined	Total (22,516)	Incidence per 1,000 Children Examined
Skin—	69	5.08	59	6.59	128	5.68
Eyes— (a) Either Close or Distant Acuity	244	17.98	298	33.29	542	24.07
(b) Squint	152	11.20	29	3.24	181	8.03
(c) Other	43	3.16	33	3.68	76	3.37
Ears— (a) Hearing	26	1.91	9	1.00	35	1.55
(b) Otitis Media	39	2.87	12	1.34	51	2.26
(c) Other	12	0.88	7	0.78	19	0.84
Nose and Throat (Any defects)—						
(a) Enlarged Adenoids only	25	1.84	4	0.44	29	1.28
(b) Chronic Tonsilitis only	101	7.44	18	2.01	119	5.28
(c) Enl. Ad. and Ch. Tonsilitis	81	5.97	5	0.55	86	3.81
(d) Other Nose or Throat	107	7.88	45	5.02	152	6.75
Speech—	68	5.01	18	2.01	86	3.81
Cervical Glands—	34	2.50	2	0.22	36	1.59
Heart and Circulation—	22	1.62	18	2.01	40	1.77
Lungs—	44	3.24	25	2.79	69	3.06
Developmental—						
(a) Hernia	13	0.95	1	0.11	14	0.62
(b) Cryptorchidism	—	—	—	—	—	—
(c) Other	6	0.44	7	0.78	13	0.57
Orthopaedic—						
(a) Posture	12	0.88	38	4.24	50	2.22
(b) Flat Foot	27	1.99	24	2.68	51	2.26
(c) Other	93	6.85	50	5.58	143	6.35
Nervous System—						
(a) Epilepsy	4	0.29	4	0.44	8	0.35
(b) Other	4	0.29	8	0.89	12	0.53
Psychological—						
(a) Development	21	1.54	7	0.78	28	1.24
(b) Stability	12	0.88	8	0.89	20	0.88
Other—Including Malnutrition	135	9.95	112	12.51	247	10.96

*The figures in parenthesis denote the number of children examined.

TABLE II. (A).—Continued. PERIODIC MEDICAL EXAMINATIONS.

DEFECTS REQUIRING TO BE KEPT UNDER SUPERVISION BUT NOT REQUIRING SPECIFIC MEDICAL TREATMENT.

Defects and Diseases.	Primary *(13,566)	Incidence per 1,000 Children Examined	Secondary (Mod. Sec. & Grammar Type) (8,950)	Incidence per 1,000 Children Examined	Total (22,516)	Incidence per 1,000 Children Examined
Skin—	290	21.37	186	20.78	476	21.14
Eyes— (a) Either Close or Distant Acuity	69	5.08	32	3.57	101	4.49
(b) Squint	56	4.12	5	0.55	61	2.70
(c) Other	117	8.62	52	5.81	169	7.50
Ears— (a) Hearing	143	10.54	28	3.12	171	7.59
(b) Otitis Media	173	12.75	24	2.68	197	8.74
(c) Other	89	6.56	37	4.13	126	5.59
Nose and Throat (Any defects)—						
(a) Enlarged Adenoids only	28	2.06	4	0.44	32	1.42
(b) Chronic Tonsilitis only	416	30.66	92	10.27	508	22.11
(c) Enl. Ad. and Ch. Tonsilitis	35	2.57	5	0.55	40	1.77
(d) Other Nose or Throat	985	72.60	214	23.91	1,199	53.25
Speech—	105	7.73	20	2.23	125	5.55
Cervical Glands—	759	55.20	67	7.48	826	36.68
Heart and Circulation—	243	17.91	173	19.32	416	18.47
Lungs—	414	30.51	148	16.53	562	24.96
Developmental—						
(a) Hernia	57	4.2	1	0.11	58	2.57
(b) Cryptorchidism	—	—	—	—	—	—
(c) Other	176	12.97	26	2.90	202	8.97
Orthopaedic—						
(a) Posture	419	30.88	358	40.00	777	34.50
(b) Flat Foot	435	32.06	216	24.13	651	28.91
(c) Other	695	51.23	261	29.16	956	42.45
Nervous System—						
(a) Epilepsy	18	1.32	3	0.33	21	0.93
(b) Other	78	5.74	16	1.78	94	4.17
Psychological—						
(a) Development	98	7.22	33	3.68	131	5.81
(b) Stability	122	8.99	18	2.01	140	6.22
Other—Including Malnutrition	777	57.27	545	60.89	1,322	58.71

*The figures in parenthesis denote the number of children examined.

TABLE II. (A).—Continued.

SPECIAL EXAMINATIONS.

It must be borne in mind that most of these Special Examinations are made at School Clinics, where every first attendance in the year should be counted as a Special, and it is therefore possible that a child may be counted under the heading " Specials " more than once in a year for a particular defect. The incidence per 1.000 children is therefore not shown in this Table as the work entailed would not justify the result.

DEFECTS REQUIRING MEDICAL TREATMENT

Defects and diseases.	School Inspections		Clinics Only.	Grand Total.
	Primary	Secondary (M.S. and Gram. Type).		
Skin—	8	1	1,700	1,709
Eyes— Either Close or Distant				
(a) Acuity	7	5	813	846
(b) Squint	9	2		
(c) Other..	8	2		
Ears— (a) Hearing	10	3	685	707
(b) Otitis Media	7	[illegible]		
(c) Other..	1	—		
Nose and Throat (any defects)—				
(a) Enlarged Adenoids only	3	1	272	311
(b) Chronic Tonsilitis only ..	14	3		
(c) Enl. Ad. and Ch. Tons.	2	1		
(d) Other Nose or Throat ..	11	4		
Speech—	22	1	—	23
Cervical Glands—	9	2	—	11
Heart and Circulation— ..	2	3	—	5
Lungs—	17	5	2	24
Developmental—				
(a) Hernia	1	1	—	2
(b) Cryptorchidism ..	—	—	—	—
(c) Other..	1	—	—	1
Orthopaedic—				
(a) Posture	2	2	674	704
(b) Flat Foot	2	2		
(c) Other..	17	5		
Nervous System—				
(a) Epilepsy	5	—	—	5
(b) Other..	3	1	—	4
Psychological—				
(a) Development	11	1	—	12
(b) Stability	4	1	—	5
Other Defects or Disease— (including Malnutrition) ..	20	3	7,893	7,916

TABLE II. (A).—Continued.

SPECIAL EXAMINATIONS.

DEFECTS REQUIRING TO BE KEPT UNDER SUPERVISION, BUT NOT REQUIRING SPECIFIC MEDICAL TREATMENT.

Defects and Diseases.	School Inspections		Clinics Only.	Grand Total.
	Primary	Secondary (M.S. and Gram. Type).		
Skin—	16	5	22	43
Eyes— (a) Either Close or Distant Acuity	3	—	20	30
(b) Squint	2	—		
(c) Other..	5	—		
Ears— (a) Hearing	16	—		
(b) Otitis Media	7	—	27	58
(c) Other..	8	—		
Nose and Throat (any defects)—				
(a) Enlarged Adenoids only..	3	—		
(b) Chronic Tonsilitis only ..	19	1	4	67
(c) Enl. Ad. and Ch. Tons. ..	2	—		
(d) Other Throat and Nose	37	1		
Speech—	14	1		15
Cervical Glands—	23	1		24
Heart and Circulation	18	3		21
Lungs—	31	6		37
Developmental—				
(a) Hernia	2	—		2
(b) Cryptorchidism ..	—	—		—
(c) Other..	3	1		4
Orthopaedic—				
(a) Posture	10	8		
(b) Flat Foot	13	7	9	65
(c) Other..	12	6		
Nervous System—				
(a) Epilepsy	2	1		3
(b) Other..	10	—		10
Psychological—				
(a) Development	7	2		9
(b) Stability	9	1		10
Other Defects or Disease (including Malnutrition) ..	30	15	302	347

TABLE II. B.

Classification of the GENERAL CONDITION of Pupils inspected at the Periodic (Age Group) Inspections during the year.

Age Group.	No. Inspected.	A. (GOOD).		B. (FAIR).		(C. (POOR).	
		No.	% *of col. 2.*	*No.*	% *of col. 2.*	*No.*	% *of col. 2.*
Prescribed Groups—							
Entrants (Primary)	7.746	3,012	38.9	4,607	59.5	127	1.6
Second Age Group (Primary Leavers)	5,459	2,320	42.5	3,039	55.7	100	1.8
Third Age Group (Secondary Leavers).. ..	3,661	1,712	46.8	1,903	52.0	46	1.3
Other Periodic Inspections—	5,650	2,458	43.5	3,096	54.8	96	1.7
Grand Total ..	22,516	9,502	42.2	12,645	56.2	369	1.6

The continued fall in the percentage of children who are classified as having poor general condition is most heartening. It is of interest to note that this percentage has declined from one of 4.7 in 1948 to that of 1.6 in 1953, and it is noteworthy that the percentage of good nutrition has risen from one of 28.1 to that of 42.2.

ADENOIDS AND TONSILS.

The following table shows the position at a glance :—

INCIDENCE PER 1,000 CHILDREN AT PERIODICAL EXAMINATIONS.

	Requiring Surgical Treatment.			Not requiring immediate Surgical Treatment, but "Supervision" pending general treatment of child.		
	Prim.	*Sec.*	*Total.*	*Prim.*	*Sec.*	*Total.*
Adenoids only ..	1.84	0.44	1.28	2.06	0.44	1.42
Chr. Tonsilitis only	7.44	2.01	5.28	30.66	10.27	22.56
Both Adenoids and Tonsilitis ..	5.97	0.55	3.81	2.57	0.55	1.77
Other Nose and Throat	7.96	5.02	6.75	72.6	23.91	53.25

There have again been less cases of tonsils and adenoids referred for surgical treatment, which reflects the present conservative trend in the treatment of this condition.

PROVISION OF MEALS AND SUPPLY OF MILK IN SCHOOLS

The Chief Education Officer has again kindly supplied the following notes and tables with regard to the feeding of children in School :—

" The announcement of the Governments intention to increase the price of the school meal from 7d. to 9d. from 1st March 1953 was a severe blow to the service, and there was a considerable drop in the number of children taking the meal. This was offset to some extent, however, as the Education Committee at the same time adopted a new income scale which also made provision for the supply of meals at half cost as well as free. Notification of the new scale was sent through the schools to every family in the County so that every parent had an opportunity of submitting an application for consideration. After the first shock of the increased price many children who had been withdrawn by their parents again remained for the mid-day meal. Devon still maintains its place among the first few Counties with the highest percentage of children taking the meal, but with the gradual end of food rationing and the increased cost of the meal, it is not likely that the peak of over 70%, which was reached in 1949, will again be achieved.

The standard of the meal continues to remain at a high level and on the whole, varied well balanced and attractive meals are regularly provided. Constant reminders are given to all Supervisors of the need for extreme care in personal and kitchen hygiene to prevent any risk of food poisoning. Lectures are regularly given by one of the School Medical Officers to all prospective Cook/Supervisors at the Torquay training course and during the year arrangements were made for all kitchen and dining centre staffs within the vicinity to attend the lectures. In all, 34 Cook/Supervisors completed the full training course at Torquay in 1953 and apart from the actual training, the visits to other kitchens and the exchange of ideas must have a far reaching effect on the School Meals Service.

Only one central kitchen—Tiverton—was closed during the year, but steady progress was again made in the provision of small kitchens at individual schools, and 10 were opened. In addition a kitchen was provided at the new Tiverton Cowleymoor Infants' School. Improved scullery facilities were provided in a number of schools, in many cases releasing cloakroom space which had been taken in the early days of the Service when it was necessary to provide meals in the shortest possible time.

The following comparative statement shows the position with regard to milk and meals at the end of December 1953 compared with the previous year :—

	December, 1952	*December*, 1953
Total number of Schools	462	463
Number on Books	59,229	60,477
Number present	54,958	56,481
Number present who took meals	36,628	34,675
Percentage present who took the meal	66.64%	61.39%
Number present who took milk	43,776	44,552
Percentage present who took milk	80.28%	78.87%

MILK IN SCHOOLS SCHEME.

A drive was made during the year to improve the grade of milk to those schools where ungraded milk only had been provided. The following statement sets out the position at the end of December 1953 in comparison with that of the previous year :—

	July 1952		*December* 1953	
Grade of Milk.	*No. of Schools*	*Percentage*	*No. of Schools*	*Percentage*
Pasteurised	245	53.26	275	59.39
T.T.	156	33.91	162	34.98
Accredited	15	3.26	6	1.29
Ungraded (Attested Cattle)	—	—	6	1.29
Ungraded	38	8.26	13	2.80
National Dried Milk ..	3	0.65	1	0.21

The School Medical Officers always inspect canteens on the occasion of their visit to the school and make out a report periodically particularly in regard to the hygienic condition of the premises and on the understanding of the staff of the measures to be followed in order to prevent any outbreaks of food poisoning.

Samples of milk were mostly taken from the ungraded producers and submitted to the Public Health Laboratory for examination for the presence of tubercle bacilli. In all, 63 samples were taken and all were negative for tuberculosis. It is to be hoped that early next year ungraded producers will be eliminated and that only pasteurised and T.T. milk will be supplied to the schools in the county.

Mr R. R. Willing, Divisional Veterinary Officer,Ministry of Agriculture and Fisheries, informs me that during the year ending 31st December, 1953, twenty-five inspections of non-designated herds which supply milk to schools were carried out and a total of 304 animals were inspected.

No cattle were found to be affected with any disease scheduled under the Milk and Dairies Regulations, 1949.

HAIR HYGIENE

	Primary, Secondary and Special Schools.		
	Routine	* *Casual*	*Routine and Casual.*
1. Total number of examinations of pupils in Schools, Homes or Clinics, by the School Nurses or Nursing Assistants ..	163,988	14,587	178,575
2. Total number of individual pupils examined	56,056	5,783	61,839
3. Total number of individual pupils found infested	803	231	1,034
4. Infestation Index	1.34	.38	1.72
5. (a) Number of individual pupils in respect of whom cleansing notices (V.1.) were issued (Sec.54(2), Education Act, 1944)	372	56	428
(b) Number of individual pupils in respect of whom cleansing orders (V.2.) were issued (Sec. 54 (3), Education Act, 1944)	44	10	54

There has been a steady decline in the infestation index, which has fallen from one of 4.89 in 1948 to that of 1.72 in this year.

In addition, Pediculosis Surveys took place in the case of pupils up to the age of 18 in some Further Education Schools.

(a)	Number of cases in which legal proceedings were taken:—	
	(i) Under Section 54 (6) of the Education Act, 1944 ..	2
	(ii) Under Section 54 (7) of the Education Act, 1944 ..	0
(b)	Number of successful Prosecutions under Section 54 (6) of the Education Act, 1944	1
(c)	Number of successful Prosecutions under Section 54 (7) of the Education Act, 1944	0

* Figures re some of these cases probably appear also amongst those concerning the Routine Survey at which they were also seen.

PHYSICAL EDUCATION.

For the submission of the following report on the Physical Education of girls and boys during 1952 I have to thank the Organisers, Miss K. Hacker and Mr. A. A. Brown :—

There has been little change in the general position of Physical Education in the County during the past year. We are still extremely short of organising staff and it is impossible for two women and one man to cover adequately all the schools. Physical education in secondary schools is usually the responsibility of specialists, but in primary schools most teachers take their own class. We have tended to concentrate on the work in the gymnasium or the lesson in the playground, as there has been little time for giving help on physical education in its widest sense. Occasionally we have been able to give assistance to the teachers of games, athletics and swimming, but only rarely do we have the chance of assisting with the teaching of remedials and following up the work to see the results of this valuable contribution to the health of the school Child.

Courses were held in 9 areas, but again we find it difficult to see the work of all the teachers who attended our demonstrations, as we now draw on a much wider area. Though the work we show on a course is most useful, we are failing to be of full help to teachers through our inability to pay one or more visits to them either during or immediately after the course. We find teachers in most areas are so much in need of refresher courses that it is essential to start a new one before all the follow up work on the last course is completed.

The recent publication by the Ministry of Education of " Planning the Programme " to succeed the 1933 syllabus has provided much discussion. We were fortunate in working during the last few years on the lines suggested in this book and we are advising teachers to use it in conjunction with the Devon County scheme.

Restoration of the grant for swimming was very welcome news but during the time when funds for swimming were not available much was lost. Many schools are starting afresh and the standard of swimming is generally not high.

Some schools suffer through a shortage of rubber shoes, though there is a chance of a small issue of free plimsolls for necessitous cases.

Primary.

Teachers generally in the primary schools where refresher courses have been held are doing good work. In nearly all cases schools have an adequate supply of small pieces of equipment —balls, ropes, hoops, bean bags,etc.—though there is a certain shortage of individual playground mats. During the year we have been able to supply some schools with climbing and vaulting apparatus. This is of immense help in setting a challenge to the child and giving him an opportunity of testing his skill and experimenting on raised equipment. In one case we have children using much fixed apparatus in a gymnasium. We are watching this

experiment with interest to compare the work of these children with others in the school who are not using it.

Our two important shortages in primary schools are rubber shoes and indoor accommodation. The former difficulty can often be overcome by the keen and intersted teacher bringing to the notice of the parent the advisability of pliable and light footwear for P.T. lessons. Heavy shoes are dangerous when a child tries to clear an obstacle in a playground and they definitely restrict the movements of the feet . Schools without halls can in some few cases have a large room nearby for the P.T. lesson in inclement weather, but most schools have no hall near at hand and often the cost of hiring is prohibitive. It is interesting to compare the standard of work in a school with indoor accommodation and in schools without halls where P.T. lessons are missed for long periods during the winter.

Teachers realise that children cannot be fully agile if encumbered by unnecessary clothing and in many cases changing down for the lessons is good. We feel that changing for P.T. is improving.

SECONDARY.

There has been little change in the difficult staffing position in the girls' schools. It is hard to maintain a uniformly high standard of training when some schools are without specially qualified teachers. This problem affects many other areas besides Devon.

At the present time there is a plentiful supply of men physical education specialists, and all vacancies arising during the year have been filled satisfactorily.

In most cases we feel that the standard of work is satisfactory. There are very few places to which we can draw attention because of outstandingly good work. Teachers are doing their work conscientiously and obviously we are getting a better standard in most schools with excellent conditions or where more time is devoted to it.

Experimental lists of exercises and schemes of work have been used in many schools during the year and the comments and suggestions of the teachers were useful before the lists were issued to all. We hope that schemes together with refresher courses will help to guide many teachers at this time of changes in secondary school work.

It is desirable for the girls to include Dancing as part of their curriculum. In the schools where it is possible to free a pianist member of the staff as an accompanist, movement to music lessons can be continued. It is not practicable to use a gramophone for this purpose, and it is hoped that before long the Committee will revert to its policy of paying where necessary for a part-time pianist.

Games and Athletics.

We have devoted very little time to coaching in this field and only incidentally have we referred to it in our courses. We managed to devote one session of a one day course to field events in athletics and found great demand for coaching in this specialised activity.

The annual county athletics competition was held in Plymouth and as usual a number of records were broken. We always hope that the high standard is a result of the thorough training given in some schools. The Royal Navy track in Plymouth is the only cinder track for athletics in Devon. The Devon officials were well satisfied with the performance of the Devon competitors at the Schools Athletic Association's Twenty Third All England Inter-County Championship at the R.A.F. Stadium, Uxbridge. 42 children from Devon competed and our standards were an improvement on last year.

The Devon Schools Cricket Association was set up during the year and inter-area matches were played between the eight proupings into which the county was divided. A County XI (under 15 years of age) beat the Somerset XI at Taunton.

Most schools take part in inter-school games of all types, though much travelling has been curtailed through lack of funds.

The usual hockey and netball rallies and tournaments were organised during the year and a Mid-Devon Tournament in netball was arranged in Okehampton for the first time for many years. More schools have inter-school matches in both games and the standard of play is generally improving.

Swimming.

In two or three years swimming should again reach the standard of former years now that the financial help given to schools is restored. It is rather frightening that many girls and boys will now leave school unable to swim, since the policy generally adopted is to spend money available for swimming on teaching children in the 10-12 age groups. We are still concentrating on our scheme of having swimming tuition in the hands of the teachers.

Tests were taken and certificates awarded as follows :—

Beginners	.....	.....	1109
Proficiency	.....	.....	391
Star Proficiency	.....	.....	122

Further Training of Teachers

During the year Courses for Teachers were held in the following Centres :—

		Average attendance
Exeter	Rural P.T. and Country Dancing ..	95
Torquay	do. ..	110
Barnstaple	do. ..	110
Axminster	do. ..	50
Totnes	do. ..	35
Okehampton	P.T. for women in Secondary Schools..	11
Barnstaple	do. ..	12
Okehampton	P.T. for men in Secondary Schools ..	9
Tiverton	do. ..	10

Three One Day Courses arranged by the Devon Physical Education Association with the help of the Education Committee were held in Exeter, Barnstaple and Newton Abbot. About 400 teachers attended these refresher courses which are most useful.

Further Education

77 classes in Physical Education under the Evening Institute Regulations were organised, some of which were visited by the organisers. It is regretted that so many of these classes were closed through lack of support. It is difficult to say if young people fail to join because of the expense involved or the multitude of counter-attractions for them.

Films.

Good use has been made of the Devon Training films which are much in demand for Parent/Teacher meetings. In this way they have proved invaluable. A film on Secondary Physical Education would be of great benefit to schools.

Remedials.

Some secondary schools but few primary schools take special classes for children needing remedial exercises. Many teachers include exercises of a remedial type in their lessons and this practice is growing. Ill fitting and badly shaped shoes worn for most of the day by some children ruin much of the good done to feet during the 20-minutes physical education lesson.

Post School Recreational Activities.

We wish to thank the Central Council of Physical Recreation for their great help so freely given us at all times and especially for the series of talks they gave to school leavers on recreational activities and facilities open to them on leaving schools.

HANDICAPPED PUPILS.

The following Tables show the position regarding Handicapped Children in the Area :—

Handicapped Pupils requiring Education at Special Schools, (other than Hospital Schools) or Boarding in Boarding Homes

	(1) *Blind* (2) *Partially Sighted*		(3) *Deaf* (4) *Partially Deaf*		(5) *Delicate* (6) *Physically Handicapped*		(7) *Educationally sub-normal* (8) *Maladjusted*		(9) *Epileptic*	*Total* (1-9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year ending 31st Dec., 1953:—										
A. Handicapped Pupils newly placed in Special Schools or Boarding Homes ..	*3	6	2	1	24	19	41	21	3	120
B. Handicapped Pupils newly ascertained as requiring education at Special Schools, or boarding in Homes ..	*6	1	3	3	24	9	121	18	2	187

Number of children reported during the year:—

(a) Under Section 57 (3) (excluding any returned under (b)) 31
(b) Under Section 57 (3) relying on Section 57 (4) .. 2
(c) Under Section 57 (5) of the Education Act, 1944 42

	(1) *Blind* (2) *Partially Sighted*		(3) *Deaf* (4) *Partially Deaf*		(5) *Delicate* (6) *Physically Handicapped*		(7) *Educationally sub-normal* (8) *Maladjusted*		(9) *Epileptic*	*Total* (1-9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
On or about December 1st, 1953:—										
C. Number of Handicapped pupils from the area:										
(i) attending Special Schools as:										
(a) Day Pupils	—	2	2	5	53	10	5	—	—	77
(b) Boarding Pupils ..	19	22	27	4	6	18	83	—	7	186
(ii) Attending independent schools under arrangements made by the Authority ..	—	—	—	—	2	—	4	10	—	16
(iii) Boarded in Homes and not already included in (i) or (ii)	1	—	—	—	1	1	—	20	—	23
Total (C) ..	20	24	29	9	62	29	92	30	7	302
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944:										
(i) in hospitals ..	—	—	—	—	1	—	—	—	—	1
(ii) elsewhere ..	—	—	1	4	17	10	3	—	—	35
E. Number of Handicapped Pupils from the area requiring places in special schools (including any such unplaced children who are temporarily receiving home tuition) ..	3	2	4	6	3	4	337	1	—	360

*Includes 3 pupils re-ascertained and transferred from schools for the partially-sighted to schools for the blind.

MENTAL HEALTH SERVICES.

Report of Medical Adviser in Mental Health.

THE CHILD GUIDANCE SERVICE.

Dr. McLeay reports that :—

Dr. Gaussen continues to attend the Child Guidance Clinics on a sessional basis. During the year he has attended at Torquay for one session per week, at the Child Guidance Clinics held in Exeter for one session per week and at Barnstaple for two sessions per month, both held on the same day.

We now have the full complement of Psychiatric Social Workers for Child Guidance Clinics. Mr. P. J. Rose having been appointed and taken up his duties on 12.10.53.

The Psychologist of this Department, Miss M. E. Yeo, and the two Educational Psychologists continue to give part of their time to clinical work in the Child Guidance Service. Most of Miss Yeo's time being taken up with this service. As before, Devon children living in the vicinity of Plymouth are dealt with by the Plymouth Local Authority Child Guidance Clinic.

There are three Child Guidance Clinics run by the Devon County Council :—

Boutport Street, Barnstaple	First Wednesday in the month, 10.30 a.m. to 4.30 p.m. (by appointment)
School Clinic, Castle Road, Torquay ..	Mondays 10.15 a.m. to 4.30 p.m. Tuesdays 10.15 a.m. to 4.30 p.m. (Remedial Teaching) Thursdays 10.15 a.m. to 4.30 p.m. (by appointment)
Alice Vlieland Clinic, Bull Meadow Road, Exeter	Mondays 9.45 a.m. to 4 p.m. Fridays 9.45 a.m. to 4.30 p.m. (by appointment)

At the three Clinics 135 new cases have been examined. Attendances for re-examination and treatment have amounted to 1174. The number of new cases seen at the Plymouth Child Guidance Clinic was 20 and there was a total of 110 attendances for re-examination and treatment.

Attendance at Child Guidance Clinics during the year :—

	Old Cases seen.	*New Cases seen.*	*Attendances for re-examination and Treatment.*
Barnstaple	14	26	22
Torquay	79	55	482
Exeter	51	34	560
Plymouth	7	20	110
TOTALS ..	151	135	1,174

Hostels for Maladjusted Children.

There are two Hostels for Maladjusted Children under the Local Authority :—

1. Crichel Hostel, Totnes ..... 12—14 beds
   For boys aged 11—16 who attend Redworth Secondary Modern School.
2. The Gables Hostel, Willand, Nr. Cullompton .... 25 beds
   For girls aged 5—15, and boys up to 11. The children from this Hostel attend Willand Primary, and Cullompton and Tiverton Secondary Modern School.

Children are recommended for admission by A.C.M.O's, Head Teachers, Private Doctors, Magistrates, Probation Officers, etc. and the final selection is made by the Child Guidance Clinic of children considered most in need of, and likely to benifit from, this form of residential treatment. Generally speaking, they are cases in which either the extreme degree of maladjustment, or peculiarly adverse home circumstances preclude successful out-patient treatment at a Child Guidance Clinic.

The Hostels are used from time to time for children who require brief periods of skilled observation, e.g. in a recent case in order to make a differential diagnosis between physical disease and emotional disorder.

During the time the children are in Hostels, they receive, in addition to the environmental influence of the Hostel and relationship with the Wardens, varied specialist help from the Clinic staff including psychiatric supervision, weekly advice and help from the Psychologist, and when necessary, additional Teaching under the direction of the County Adviser in Remedial Education.

The aim is to rehabilitate the child as quickly as possible after treatment, and with this end in view a Psychiatric Social Worker keeps continuous contact with the parents, preparing the home for the child's return and giving advice and support when this takes place.

It is found that this kind of combined work with a comparatively small group of children enables a shorter treatment period to give good long term results, and is, therefore, a more economic method than less intensive work for a longer period with larger numbers.

The Gables Hostel.

The close link between Hostel, parents and Clinic is particularly essential in the case of the younger children accommodated at The Gables, whilst the chances are still promising for effecting an emotional adjustment in both parent and child.

It is found, and is in accord with modern practice, that the best results are obtained if the life and organisation of the Junior Hostel corresponds as far as possible to a normal family group through

which the child experiences more satisfactory mother/father, brother/sister relationships that he has usually known before.

The Warden and Matron carried on under very difficult conditions with the 10 children already resident.

CRICHEL HOSTEL.

The Senior Hostel, accommodating adolescent boys up to 16, is necessarily organised on rather different lines from the regime appropriate to younger children.

In some cases the boys go straight from the Hostel to the Services, or to employment or Training away from home, so that the aim of the staff in such cases must be to prepare them for a responsible independent life rather than for return to the parents or foster-parents.

In particular, the Psychiatric Social Workers' role is not confined to support and advice to parents as in the case of younger children, but must often involve that of befriending and guiding the youths themselves in the more difficult adjustment to employment and to adult responsibilities when they leave the Hostel.

The following analysis of the work of the Hostels during the past three years is of interest :—

Twentyeight boys were discharged from Crichel Hostel, 19 or (68%) of whom were known pilferers on admission.

Analysis of the discharges is as follows :—

Discharges to Parents			*Result*				
			No further difficulties	*Convicted after discharge*		*Returned to Crichel*	
Ex-Pilferers	*Others*	*Total*		*Pilferers*	*Others*	*Pilferers*	*Others*
10	9	19	17	1	—	2*	—

* One of whom was the convicted boy.

Other Discharges To:	*Pilferers*	*Others*	*Total*	*Result*			
				Convicted of an offence	*Further difficulties*	*Treatment continuing*	*Satisfactory adjustment*
Other Hostels	1	—	1	—	—	1	—
Min. of Lab. App. Scheme	1	—	1	—	1	—	—
Mental Hospitals	1	—	1	—	—	1	—
In Care	2	—	2	1	—	—	1
Special Schools	4	—	4	—	1	—	3
TOTALS	9	—	9	1	2	2	4

ANALYSIS OF TOTAL DISCHARGES COMPARED WITH DISCHARGES OF PILFERERS.)

Of the Total No.	%	*Of the Pilferer* No.	%	*Result*
21	75%	14	73.8%	No further difficulties as far as known and can be considered to have made a satisfactory adjustment.
2	7%	2	10.5%	Convicted of an offence after discharge (1 returned to Crichel, 1 remained in London County Council care).
3	11%	2	10.5%	Treatment continued in other Hostel or Mental Hospitals.
2	7%	1	5.2%	Had further known difficulties though not amounting to delinquency.
28	100%	19	100%	TOTAL

Of the 48 children discharged from the Junior Hostel during the period January, 1951—December, 1953 :—

22 have been returned to their parents ,and no further trouble has been reported.
4 have returned to their parents who have reported further difficulty, though not delinquency.
5 have returned to their parents and have been the subject of a charge in the Juvenile Court.
3 have been transferred to another Hostel for Maladjusted Children.
1 has been transferred to a Children's Unit of a Mental Hospital.
2 have been recommended for treatment as Mental Defectives.
4 have been placed in care of Children's Department and no further trouble reported.
1 previously in Care has returned to her own parents.
6 previously in Care have been replaced in Foster Homes and no further trouble has been reported.
2 previously in Care have given further trouble in Children's Homes, though not delinquent.

48

It will be seen therefore, that of the 48 children treated during 1951—1953 :—

33, i.e. 68% may be regarded as having a satisfactory outcome and only 3 (approximately 6%) have been the subject of a subsequent Court charge.

It seems of some interest therefore that in a recently published analysis of the discharges over three years for a Junior Approved School it appears that 48% were re-convicted of an offence within three years of discharge.

The population received into a Maladjusted Hostel is not of course strictly comparable with the population of a Junior Approved School. Most of them have not been charged before a Court but 22, i.e. 45% approximately, include pilfering amongst their symptoms so that they are potential delinquents in the official sense.

There seems reason to suppose that early intensive treatment in small groups on the lines given in a Hostel may in the long run be more economical than longer terms of training in Institutions such as Approved Schools and Borstal Institutions. The advantages of early preventitive work applies to many cases who would otherwise require places at a later date in Mental Hospitals.

The duration of treatment at the Hostel over this period of three years averages 13 months per child. This excludes the short term cases that were sent in for observation, lasting only a few weeks. In two cases it has been found that the period in the Hostel lasted several years but this was due to the fact that both were residual evacuees.

Average length of stay in hostel—12.3 months.

GENERAL.

It is considered advisable to have Juniors and Seniors in Separate Hostels.

For a short time in 1951 Junior and Senior boys were accommodated together but this experiment was terminated as it was found to have markedly detrimental effects on many of the younger boys.

The two groups require quite different regimes of treatment ; moreover maladjusted, as compared with normal boys, show much greater tendency towards bullying and sexual problens.

In conclusion, it is believed that the high success rate of Hostel treatment depends on :—

1. Careful selection of cases by the Child Guidance Team.
2. Personal influence of the Wardens as parent sustitutes which can can only operate in a small group.
3. Combined Medical, Psychological, Educational and Social approaches to the child and his family, by qualified specialists (The Hostels may by regarded as the in-patient section of Child Guidance work).
4. Early treatment of the disorders so that the necessity for later and longer treatment in Mental Hospitals, or Institutions for Delinquents, such as Approved Schools, Borstal and the Prisons, may be prevented by this early short term but intensive work.

NUMBER OF CASES EXAMINED IN THE REMAND HOMES: .. 3

Pinhoe Remand Home	3
Ashburton Remand Home	Nil.

On the 31st December, 1953, there were 23 cases under Care and Treatment in the Hostels for Maladjusted Children :—

Crichel Hostel, Totnes	13
The Gables, Willand	10

HANDICAPPED PUPILS AND SCHOOL HEALTH SERVICE REGULATIONS, 1945 :—

During the year, there were 212 ascertainment examinations carried out :—

Educationally Subnormal	192
Maladjusted	20

The necessary recommendations were sent to the Chief Education Officer.

The number of cases recommended to the Education Committee for Report to the Local Authority were as follows :—

Section 57(3) of the Education Act, 1944 ..	37
„ 57(4) „ „ „ „ „ ..	2
„ 57(5) „ „ „ „ „ ..	60

Cases actually Reported by the Education Committee to the Local Authority :—

Section 57(3) of the Education Act, 1944 ..	35
„ 57(4) „ „ „ „ „ ..	2
„ 57(5) „ „ „ „ „ ..	62

CANCELLATIONS UNDER THE EDUCATION (MISCELLANEOUS PROVISIONS) ACT, 1948 .. 1.

The total number of children ascertained as Handicapped Pupils during the year are shown as follows :—

Educationally Subnormal Children :—

Res. Spec. School.	Day Spec. School.	S.E.T. in Ordy. School.	Ordy. Class without S.E.T.	Home Tuition	Total Number	Total No. in Category on 31.12.53.
126	15	51	—	—	192	603

RESIDENTIAL SPECIAL SCHOOLS.

On the 31st December, 1953, the number of pupils in Residential Special Schools were 94 :—

Bradfield Special School, Cullompton .. (including 4 Exeter Cases).	72
Withycombe House Special School, Exmouth	9
Other Special Schools	13

(The Courtenay Special School at Starcross was closed on 31.3.53., by direction of the Ministry of Education).

JUVENILE DELINQUENCY.

9 cases were tested at the request of the Magistrates Court and some 12 cases were dealt with at the request of the Probation Officers.

OPEN AIR SCHOOL, TORQUAY.

Numbers in this school have again had to be limited by the classroom space available. More than half the children in this school are physically handicapped, and some have more than one handicap. The introduction of 3 protein meals a day, early in the year has increased the average weight gain per child in the year from 6½ lbs. (1952) to 8½ lbs (1953).

The building of the new school has started and it is hoped that the Head Teacher, her staff and the children will be able to leave the present " difficult " building for a more suitable one before long.

STATISTICS.

Table A.

	Boys.	*Girls.*	*Total.*
Number remaining on Register from 1952 ..	30	35	65
Number admitted during 1953	14	14	28
Number discharged during 1953	15	23	38
Number remaining on Register at end of 1953 ..	29	26	55

Table B.

Periods on School Register.	*Pupils remaining.*	*Pupils discharged.*
Under 6/12	11	4
6—12 months	15	5
1—2 years.	11	4
2—3 „	4	9
3—4 „	6	6
4—5 „	4	5
5—6 „	—	3
6—7 „	—	1
7—8 „	3	—
8—9 „	1	1
Totals ..	55	38

Table C and D.

Classification of children: (C)—Remaining on Register at end of 1953; *(D)—Discharged during* 1953.

	Remaining.			*Discharged.*		
	B.	*G.*	*Total.*	*B.*	*G.*	*Total.*
Delicate (including T.B. Contacts) ..	11	12	23	9	14	23
Asthma	6	1	7	1	2	3
Recurrent Bronchitis	1	1	2	3	1	4
Congenital Heart Disease	4	3	7	1	—	1
Rheumatic Heart Disease	1	2	3	—	—	—
Spastic Paralysis	4	2	6	—	—	—
Infantile Paralysis	—	1	1	—	—	—
Tuberculosis of Bone	1	1	2	—	—	—
Congenital Spinal Deformity ..	—	1	1	—	—	—
Albino	—	—	—	1	—	1
Partially Sighted	—	—	—	—	1	1
Epileptic	—	—	—	—	2	2
Chorea	—	1	1	—	—	—
Eczema	1	—	1	—	1	1
Cretin	—	—	—	—	2	2
Chronic Pyelitis	—	1	1	—	—	—
Total ..	29	26	55	15	23	38

EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases dealt with by the Opthalmic Surgeons on the staff of the South Western Regional Hospital Board.	
	Primary, Secondary and Special Schools.	Further.
External and other, excluding errors of refraction and squint	334	—
Errors of Refraction (including squint)	10,422	75
Total ..	10,756	75
Number of Pupils for whom spectacles were:		
(a) Prescribed	2,354	26
(b) Obtained	2,353	26

In addition to the above 941 Minor Eye Defects were treated by A.C.M.Os. or School Nurses, and 138 by Private Doctors or Parents

Dr. Foxwell. Ophthalmic Surgeon, is still concerned about the charge for lenses in frames other than the nickel type, and is still pursuing her efforts with the Ministry for a change in the regulations in this respect. She also hopes that larger rooms, at least 20 feet in length will be available in any future medical inspection the rooms which are built in new schools. She records her thanks to Head Teachers for their willing co-operation, to the Health Visitors, on whose vision testing, etc., the success of the ophthalmic scheme depends, and to Miss Newman for her conscientious support.

Dr. Hutton. Ophthalmic Surgeon, says that " during the past year I have seen all children with eye defects in the South West Devon area (with very few exceptions) on their own school premises, and Health Visitors or Nursing Assistants have tested the eyes of all children with no known defect.

In addition, fixed clinics, where new cases or cases requiring follow-up treatment can receive fairly prompt attention, have been held at local centres in the area throughout the year.

As in previous years the preventive side of the work and the treatment side ,in so far as it has fallen within the sphere of influence of the local Authority ,has run extremely smoothly and has been ideally co-ordinated with the work of the School Medical and Educational Services, and most generously supported by Health Visitors, Teachers, Nursing Assistants, Doctors and others on the Medical and Educational staffs—to whom I would like to be allowed to offer sincere thanks."

He is of the opinion that there is scope for greater liaison between the general medical service and the school ophthalmic service.

MINOR AILMENTS.

" *Number of defects treated or under treatment during the year by the A.C.M.O's. or Health Visitors/School Nurses at the Clinics or elsewhere.*"

SKIN.	
Ringworm—Scalp	5
Body	69
Scabies	124
Impetigo	766
Other Skin Diseases	1,207
Total ..	2,171
EYE DISEASE: (External and other, but excluding errors of refraction, squint and cases admitted to Hospital)	941
EAR, NOSE AND THROAT DEFECTS	820
ORTHOPAEDIC	637
MISCELLANEOUS (e.g. minor injuries, bruises, sores chilblains, etc.)	8,543
Total ..	13,112

A total of 34,378 attendances were made at Minor Ailment Clinics—including Remedial and Posture Exercises Clinics.

CLINICS.

Name	Address	Type
Alphington* ..	Elementary School	Minor Ailment
Appledore* ..	Appledore Hall	Minor Ailment
Ashburton ..	Grammar School	Minor Ailment
Axminster ..	Secondary Modern School ..	Minor Ailment & Speech
Bampton* ..	Gospel Hall	Minor Ailment
Barnstaple ..	Ashleigh Road Hut	Minor Ailment, Immunization & Dental Clinic.
Barnstaple ..	Boutport Street	Speech Child Guidance Immunization & Vision
Bideford ..	Grammar School	Speech
Bideford ..	C/E. Institute	Minor Ailment
Braunton ..	Parish Hall	Minor Ailment
Brixham ..	Church House	Minor Ailment and Vision
Buckfastleigh ..	Council School	Minor Ailment
Budleigh Salterton* ..	Church Institute	Minor Ailment
Colyton* ..	Youth Club, High Street ..	Minor Ailment
Combe Martin	Baptist Church Rooms.. ..	Minor Ailment
Crediton ..	Newcombes	Minor Ailment Dental, Speech and Vision
Cullompton* ..	Parish Room	Minor Ailment
Dartmouth ..	Mayors Avenue	Immunization, Dental,‡ Minor Ailment and Vision
Dawlish* ..	The Knowle	Minor Ailment and Vision
Exeter	Alice Vlieland Centre	Child Guidance, Dental (Orthodontic), Speech and Vision
Exeter	Royal Devon and Exeter Hospital	Dental " Gas " (Occasional)
Exmouth ..	St. Clements, Exeter Road ..	Minor Ailment, Vision, Speech, Dental, also Remedial and Breathing Exercises
Fremington* ..	Parish Hall	Minor Ailment
Holsworthy ..	Chapel Street Schoolroom ..	Minor Ailment and Speech
Honiton ..	Secondary Modern School ..	Minor Ailment and Vision
Honiton ..	Wesley Hall	Speech
Horrabridge* ..	Church Room	Minor Ailment
Ilfracombe ..	4, Market Street	Minor Ailment Vision, Speech, Immunization and Dental‡
Ivybridge* ..	Methodist Sunday Sch. Room	Minor Ailment
Kingsbridge ..	Tresillian	Minor Ailment, Vision, Dental and Immunization, also Remedial and Breathing Exercises.
Lifton* ..	Methodist Church Rooms ..	Minor Ailment
Lynton* ..	Jubilee Hall	Minor Ailment

Name	Address	Type
Morchard Bishop* ..	Memorial Hall	Minor Ailment
Newton Abbot	Glencoe, Courtenay Park ..	Minor Ailment, Vision, Speech, Dental and Immunization
Newton Abbot†	Meadowside	Minor Ailment
Northam† ..	Church Hall	Minor Ailment
Okehampton* ..	Fairplace Methodist Rooms ..	Minor Ailment
Okehampton ..	Old Grammar School	Speech
Paignton ..	Central Clinic, Midvale Road	Minor Ailment, Vision, Dental, Speech and Immunization
Paignton ..	Hayes Road	Minor Ailment
Plympton ..	Congregational Hall	Minor Ailment
Plympton ..	Secondary Modern School ..	Speech
Plympton ..	Primary School	Speech
Plympton ..	S. Maurice Co-Primary School	Speech
Plymstock ..	Secondary Modern School ..	Minor Ailment, Vision, Remedial and Breathing Exercises, Immunization, Dental and Speech
Roborough* ..	Recreation Hut	Minor Ailment
Salcombe* ..	Cliff House	Minor Ailment
Seaton* ..	Women's Institute	Minor Ailment
Sidmouth ..	Woolcombe House	Minor Ailment
South Brent* ..	Church Hall	Minor Ailment
South Molton*	99, East Street	Minor Ailment and Immunization, Speech, Dental,‡ and Vision
South Molton*	Secondary Modern School ..	Minor Ailment
Tavistock ..	Church Hall, West Street ..	Minor Ailment, Vision, and Speech
Teignmouth ..	St. James Parish Hall	Minor Ailment
Tiverton ..	St. Andrew Street	Minor Ailment, Dental, Speech, Remedial, Immunization and Vision
Torquay ..	Castle Road Clinic	Minor Ailment, Speech, Dental (2 Surgeons), Immunization, Child Guidance and Vision
Torquay ..	Barton Clinic	Minor Ailment, Dental Speech and Immunization
Torquay† ..	Audley Park	Minor Ailment and Immunization
Torquay† ..	West Hill	Minor Ailment and Immunization
Torrington ..	Church House, New Street ..	Minor Ailment
Torrington ..	Secondary Modern School ..	Speech
Totnes* ..	Borough Park	Minor Ailment, Dental and Immunization

Name	Address	Type
Whimple* ..	The Shack	Minor Ailment
Woolacombe*	Methodist Hall	Minor Ailment
Yealmpton* ..	Chapel Rooms	Minor Ailment

*Medical Officer's Short Session Minor Ailment Clinic prior to Child Welfare Session.

†School Nurse only.
‡Not fully equipped.

In addition there are some Ophthalmic Clinics held separately (they are, of course, conducted by the School Ophthalmic Surgeons of the Regional Hospital Board), and there are three Mobile Dental Clinics in use.

SPEECH THERAPY.

The County is divided into three areas for the purpose of Speech Therapy and the following Table shows the work done by the three Therapists :—

	Area			
	N. Devon	Central & S.W.	S. Devon	Total
A.				
Number of cases on the register at the commencement of the year ..	83	64	155	302
Number of new cases placed on the register during the year ..	63	31	65*	159
Number of individual cases interviewed and/or treated during the year	145	95	147	387
Number of attendances of cases during the year	1,613	1,486	1,552	4,651
(a) Discharged	47	34	28	109
(b) Left (including transferred)	16	5	10*	31
Cases improved but not yet ready for discharge	95	42	122	259

B.

Types of Speech Defect or Disorder Dealt with

(*Classified according to the predominating aspect of the disturbance*)

Defects of Articulation— e.g. Dyslalia	66	42	34	142
Defects of Voice— e.g. Excessive Nasality.. ..	3	2	1	6
Defects of Lanugage—e.g. Aphasia	—	7	—	7
Defects of Communication— e.g. Stammer	63	37	19	119
Multiple Defects—e.g. Cleft Palate	13	7	6	26

* Complete figure not available in this area.

Miss V. J. Campion, (South Devon Area).

(Post formerly held by Miss P. M. Dunn, who resigned on 20th June, 1953).

Observations for period 9th September to 31st December, 1953 only :—

The Speech Clinics in the South Devon Area were closed for three months, re-opening in September : (1953).

During this period between the 9th of September and the 31st of December attendances at the clinics have been good and the waiting list has steadily increased. There has been good co-operation on the part of the parents of the children and it appears there is an increasing interest generally as to the services speech Therapy gives.

*Dyslalia appears to be the predominating speech defect in this area but it is hoped that with children being referred at an early age for treatment numbers will be reduced more quickly : Having visited the clinic for an initial interview, co-operation at home on the part of parents before the child is admitted for regular treatment has been very satisfactory ; the length of time of treatment required when it commences being considerably shortened in a large number of cases.

The percentage of child stammerers does not appear to be as high as those cases of *dyslalia. Stammering however appears to be found in a higher percentage amongst the older school children more so than in those younger children attending the infant or junior schools.

There are a number of children suffering from a cleft palate or hair lip attending the clinics for treatment and on the waiting list, and it is hoped that with the increasing number of children being operated upon at a very early age before their speech pattern is established the length of Speech Therapy treatment required afterwards will be greatly reduced, and those children continuing to be on the waiting list will be able to be given quicker attention.

Cases of†Aphasia and ‡Dysphonia are in the minority.

A day has been devoted at Honiton Clinic for the treatment of children in this (Honiton) and the surrounding area. It has been found however this being a widely scattered area that a large number of children requiring treatment have been unable to attend the clinic owing to transport difficulties. It is however hoped that a clinic will be able to be opened at Axminster to overcome this problem and a half-day session each devoted to Honiton and Axminster respectively.

I would like to take this opportunity to thank the Medical Department, A.C.M.O's., Health Visitors and Head Teachers and Class teachers at the schools for their kindness and co-operation and for all their help in initiating me into my work during these first months as Speech Therapist for the South Devon area.

* *Defects of Articulation.*
† *Defects of Language.*
‡ *Defects of Voice.*

Miss D. M. Dickinson, (Central and S. West Area).

This year in nearly all the clinics the waiting list which reached rather formidable numbers in 1952, has been greatly reduced. To this end it has been found necessary to increase to a full day the clinic at Plymstock and in future also at Plympton.

This latter arrangement requires that the scheme for School and Home visiting become a little more elastic in order to reduce as much as possible the time wasted in travelling.

Attendance has been fairly good on the whole this year and the majority of parents are co-operative and willing to go to some trouble to bring their children to the clinic regularly and help with necessary exercises at home

I have found the Heads and Staff of schools increasingly co-operative and showing great interst in the speech defective children

I should like to thank the A.C.M.O's. and Health Visitors for their continued help.

Miss M. J. Perry, (North Devon Area).

This year has proved to be a satisfactory one showing an increase in the number of children discharged cured or improved. Waiting lists have been reduced in all districts and in South Molton Ilfracombe and Tiverton, they were, at times non existent. At Bideford there is a large number waiting for treatment. In this district the percentage of stammerers is very high, and as these patients usually require a long course of treatment, it is not possible to take on many new patients. The session at Tiverton was reduced to half a day, and the one at Bideford lengthened to a whole day each week in order to alleviate the situation.

There are two basic conditions necessary to provide a satisfactory speech therapy service.

1. Proper clinical conditions. In N. Devon these are generally fair, but in some towns space is rather limited and there are no waiting rooms provided. This is particularly inconvenient at Bideford where the clinic is held at a school. It is to be hoped that adequate facilities will be provided at the new clinic now being built. When space will allow, it is possible to give group treatment as opposed to individual treatment and it is found that some children are more responsive when working in groups, and also, several children are dealt with in the equivalent time so reducing waiting lists.

2. Good equipment. Most of this has to be transported from one clinic to another, but it is important to have chairs and tables etc. at each clinic, suitable for children aged from four years to sixteen years.

I have found, when visiting schools, that some head teachers are uncertain how to obtain treatment for a speech defective child. It should be emphasized that they must inform the Assistant County Medical Officer when he visits the school, so that he may refer the child to the speech clinic if necessary.

I have received much help and kindness from Teachers and members of the Medical Department while I have been working in N. Devon, and I should like to thank them for their co-operation.

SANATORIUM TREATMENT AND REPORTS FROM CHEST PHYSICIANS

I am indebted to **Dr. R. L. Midgley, Consultant Chest Physician to the Exeter Clinical Area,** for the following information with regard to the work carried out on children of school age at Hawkmoor Chest Hospital, during the year, 1953.

"There were seven tuberculous children of school age in the hospital on 1.1.1953. Fifteen tuberculous children and sixteen non-tuberculous children of school age were admitted during the year and seven tuberculous and three non-tuberculous children of school age remained in the hospital on 31.12.53.

These children were grouped clinically as follows :—

(1). Tuberculous Cases.

R.A.1.	3
R.A.2.	–
R.A.3.	1
R.B.1.	8
R.B.2.	–
R.B.3.	4
N.R.A.	2
N.R.B.	4
	22

(2). Non-Tuberculous Cases. Treated in the Thoracic Surgical Unit.

Bronchiectasis	7
Investigation	3
Bronchial Cyst	1
Pneumonia and Encysted Empyema	1
Foreign Body in Bronchus	2
Patent Ductus Arteriosis	1
Neuro-Fibroma	1
	16

(1). Tuberculous Cases.

Although more cases have been treated this year, the results have been better, probably because on the whole the disease has been less advanced when it was diagnosed, and the waiting list before admission has been reduced.

Two children had artificial pneumothorax treatment, and one had a phrenic crush with pneumoperitoneum. Chemotherapy has been used where indicated, and we found that children tolerated this form of treatment very well

Of the non-pulmonary cases, all were tuberculosis of cervical glands except one who had tuberculous peritonitis.

Of the sixteen children suffering from pulmonary tuberculosis, eight had a history of contact with an open case, either at home or at school. No history of contact could be obtained in the non-pulmonary cases.

This very high proportion of known sources of infection emphasizes once again the importance of the contact examination work carried out by the Chest Physicians, and the grave risks to which children are exposed who have to live in contact with open cases of tuberculosis.

(2). Non-Tuberculous Cases.

Of the seven cases of bronchiectasis admitted, four have had surgical treatment, one was admitted for further investigation following surgical treatment elsewhere, and two are being prepared for surgical treatment.

Of the three cases admitted for investigation, one was considered to be a case of bronchiectasis not sufficiently severe to warrant surgical treatment at present, one was thought to be suffering from bronchitis, and one was referred for an ear ,nose, and throat opinion

The boy with a bronchial cyst had a lobectomy performed.

Two children had inhaled foreign bodies into the bronchi, which were removed at bronchoscopy.

One child had a patent ductus arteriosis ligated successfully.

The remaining child had a neurofibroma removed at thoracotomy.

No child of school age died in the Hospital during the year.

Discharges.

(1). *Tuberculous.* Of those discharged during the year twelve were fit for school two were unfit for school, and one had passed school-leaving age.

(2).*Non-Tuberculous.* Of those discharged, eleven were fit for school after a further short period of convalescence, one required a somewhat longer period of convalescence, and one was to be re-admitted for further investigation to the hospital where he originally received his surgical treatment for bronchiectasis.

The average length of stay was thirty one weeks for the tuberculous cases, and six weeks for the non-tuberculous cases."

The following details have been supplied by the **Chest Physicians :—**

Dr. A. J. McMillan (Barnstaple Area).

" During the year, 1559 children were examined of school and pre-school age, made up as follows :—

				1952
Primary examinations—	Contacts	..	169	134
	Non-contacts	..	131	130
Re-examinations	Contacts	..	510	450
	Non-contacts	..	749	509
	Total	..	1559	1223

Of these, 14 were notified as sufiering from Tuberculosis with the following classification :—

	Boys	Girls	Total	1952
Pulmonary ..	1	6	7	12
Non-pulmonary ..	4	3	7	7
	5	9	14	19

Of the pulmonary cases:

	Boys	Girls
Acute primary infection ..	*1 (aged 1 yr.)	*1 (aged 1 10/12)
Primary pleurisy with effusion ..		2 (*1 aged 14, 1 age 4)
Tuberculous pneumonia ..		*1 age 7
Adult type of lesion		*1 age 14 1 age 7

Of the non-pulmonary cases

Meningitis		1 age 4
Mediastinal glands		*1 age 13
Tb. peritonitis		1 age 9
Glands cervical	3 age 13 1 age 9 1 age 7	
Joints	1 age 12	

(In the case of mediastinal glands, there was a history of a Tuberculous cow being slaughtered several years previously.)

Tuberculin tests, E.S.R. estimations and X-rays were carried out at the Chest Clinics as follows :—

Jelly tests	308	E.S.R. 820
Mantoux tests in connection with B.C.G. vaccination	187	X-ray 1000 (approx.)

Rather more cases were referred by the School Medical Officers during the year, and the practice of sending copies of reports made to general practitioners and to the School Medical Officer concerned was continued. In all, 842 letters and Forms S.H.68 were sent out.

The reduction in number of children who received B.C.G. vaccination this year, viz: 30 in all, bears some relation to the reduction of new notifications for the year.

*direct contact history."

Dr. G. E. Adkins. (*Exeter Area*).

"A total of 668 examinations of children were made during the year, as under :—

Primary examinations—	Contacts ..	173	(127)
	Non-contacts ..	149	(119)
Re-examinations	Contacts ..	254	(335)
	Non-contacts ..	92	(127)

(The figures enclosed in brackets relate to those for 1952.)

The only point of note in these figures is the decline, for the second year running, in the number of re-examinations of contacts. To this, no doubt, several factors contribute. One may be the fall in

the number of open chronic cases of tuberculosis in adults, and another, that many contacts now receive B.C.G. Vaccination and do not require as close supervision subsequently as unvaccinated children.

The following tuberculous conditions were notified :—

" Adult " type pulmonary tuberculosis ..	1	(3)
Pleural effusion	1	(1)
Spreading primary focus	5	(2)
Tuberculous meningitis	1	(—)
Abdominal gland tuberculosis	1	(1)
Tuberculous cervical adenitis	4	(3)
" Orthopaedic " tuberculosis	1	(—)
Total ..	14	(10)

(The figures in brackets relate to those for 1952.)

The increase in the number of notifications is not considered of any significance, as in any one year there must be a large number of tuberculous manifestations not recognised or not notified, whilst, equally, some of the notifications received are in clinically quiescent cases. Particularly does this apply to " Orthopaedic " tuberculosis in which the diagnosis is always difficult to establish, and when it is finally made the question of notification is usually overlooked. In fact, the one case notified this year was of hip joint disease, and it is now doubtful if the condition was tuberculous. From the preventive medicine aspect this state of affairs is probably of little importance as case finding from orthopaedic cases usually pursues a very cold trail.

The case of adult type tuberculosis occurred in a girl of fourteen years of age who had been watched for six years following the death of her father before definite infiltration appeared. This case supports the contention that it is almost more important to observe such contacts through the " teenage " than in the earlier years.

The pleural effusion occurred in a girl of fourteen years of age where the father aged 75, was subsequently found to have reactivated an old tuberculous lesion.

Only one of the cases of spreading primary infection gave rise to any concern. This was a boy of thirteen whose disease had already progressed to cavitation before he was diagnosed and admitted for treatment, but he has responded satisfactorily to chemotherapy. Examination of his family showed no evidence of tuberculosis, nor did examination by the Mass X-ray Unit of the boys and staff of his school.

The case of tuberculous Meningitis was fatal and occurred in a child whose father was simultaneously found to have open active tuberculosis. If the father had been seen a month earlier it is possible the child would have been picked up as a contact while the meningitis was still treatable.

The cases of tuberculous adenitis showed no unusual features, and responded to general treatment, except for one case of cervical adenitis which developed a supra-clavicular abscess, and in whom surgery may become necessary.

82 children were vaccinated successfully with B.C.G. Vaccine The incidence of Adenitis following vaccination has been greatly reduced by doing all vaccinations in the arm, instead of using the thigh in smaller children, following advice given at the Annaul B.T.A. Conference this year.

A 5″ x 4″ Fluorographic Camera has been added to the X-ray equipment at Ivybank, but it has not been found suitable for X-raying children, as it suffers the same disadvantages, technically, as the Mass Miniature machine, whilst it is very little quicker, in operation, than the standard fullsize apparatus. It does ,however effect a considerable saving in materials.

It is pleasing to be able to report that a certain number of general practitioners, who have direct access to X-ray plants, undertake the supervision of the contacts of their cases. If this is done, as is invariably the case, in consultation with the Chest Physician, then it is an excellent arrangement, for tuberculosis remains the supreme example of a family illness, and it is right that the family doctor should remain the central figure in its management."

Dr. Wyndham E. B. Lloyd. (*Torquay Area*).

" Monthly lists of all children of school age and under attending the chest clinic, or seen elsewhere by the chest physician, are sent to the County Medical Officer. In this way the School Medical Service is kept informed of the individuals seen, the reason why ,the findings (including the tuberculin reaction) and the school at which each child attends. From these monthly lists the total number of attendances for the year is found to be 1,100. This figure includes attendances for skin testing and B.C.G. inoculations.

The total number of children seen for the first time in the year was 354, 171 boys and 183 girls. Of these 133 were sent by their family doctors, 216 were asked up as " contacts " and only five were referred by the school doctors *directly*. This last, rather small figure, would seem to reflect an increasing tendency for the school service to refer ailing children in the first place to their private doctors. This, I think, is an undoubted advantage, in that it makes for full co-operation with the general practitioner in every case.

This year 50 special sessions for contacts only, for the most part children, were held.

The following table shows the number of cases of clinical tuberculosis discovered and the figures for 1951 and 1952 are given for comparison :—

	1951	1952	1953
Primary lung tuberculosis	4	7	6
Pleural effusion & erythema nodosum	2	2	3
Adult type lung disease	2	2	4
Miliary and meningitis	1	1	2
Glands of neck	1	10	2

The six cases of primary tuberclosis were all found among contacts of known adult cases, one of these children having been transferred from another area. They were all treated at home, three with isoniazid, and have done well.

The two post-primary cases (one pleural effusion and one erythema nodosum) had spells of treatment in general hospitals and home treatment thereafter. Both are now convalescent.

The four cases of adult type disease were all found among contacts, two of them actually developing X-ray lesions during the observation period. Two went to Hawkmoor where they remain under treatment. One is being treated at the Torquay Isolation Hospital, and the fourth at home. One of these cases was picked up at a special session of the mobile mass radiography unit at a large school where a highly infectious case had been discovered earlier. The prompt co-operation of the mass radiography unit (in this case directed by Dr. Hollis) is of the highest value and is warmly appreciated. Without such help the examination of all the contacts in a big school such as this would be practically impossible.

There was one case of tuberculous meningitis which was sent to Ham Green Hospital, Bristol, for treatment. This child was under observation as known "contact" when the meningitis developed. The single child who developed miliary tuberculosis was sent to Hawkmoor where she did well, but is still there.

There were two cases of tuberculous glands of the neck. Both were treated in a general hospital. In one of these cases which occurred in a child of two years in an isolated farm cottage, it was found possible to trace the infection to an individual cow which has subsequently been slaughtered under the *Tuberculosis Regulations*.

Tuberculin jelly tests were carried out on all child contacts and on most of the other children sent to the clinic. In all 361 were tested, many of them more than once. 186 were positive, this figure including 72 who converted successfully to positive after B.C.G. inoculation.

72 children were inoculated with B.C.G. All converted to tuberculin positive. Again the work of Miss Andrews, both in the clinic and in the homes, as well as that of other health visitors outside, was of outstanding value in the frequent skin testing which forms a necessary part of the B.C.G. campaign."

Dr. J. E. Mellor. (*Plymouth Area*).

"The majority of the children seen at the chest clinic are referred by their own doctor, but a number are referred direct by the School Medical Officers.

10 cases in the 5-15 age groups were found during 1953 to be suffering from significant tuberculous lesions, as follows :—

	Male	Female	Total	Origin of case
Non-pulmonary	—	1	1	Own doctor
Pulmonary	6	3	9	3 own doctor 5 Contacts 1 S.M.O.
Total	6	4	10	

A number of non-tuberculous lesions such as bronchiectasis and atelectasis were found, and remain under observation.

Child contacts of notified cases of tuberculosis continue to be examined radiologically, and by tuberculin testing, and a total of 145 B.C.G. vaccinations were carried out.

A mass survey in one school was carried out as a result of a T.B. positive case in one of the pupils. The result of this survey is as follows :—

Age Groups	No. Examined	Pos. T.T.	Neg. T.T.	B.C.G.	X-rayed	
Under 5 (Domestic contacts)	34	9	21	17	13	
5—10	67	38 (57%)	29	25	62	2 cases
10—15	21	12 (57%)	9	8	18	
Adult	6	—	—	—	6	
Total	128	59	59	50	99	

Two cases were found as a result of this survey, and were subsequently admitted to Hawkmoor. Both have now been discharged and are well ,as also is the original case.

It is interesting to note the high percentage of positive Mantoux cases in the 5-10 age group the percentage being exactly the same (57%) as in the 10-15 age group.

I am indebted to the Health Visitors and the School Medical Officers for their help in carrying out this survey, and for their help in connection with B.C.G. vaccination."

Through the co-operation of the Mass Miniature Radiography Units, it was possible to make arrangements for the X-ray of all children at risk, where positive or suspected cases of tuberculosis occurred. In all, 1,195 children and 51 staff were X-rayed. In addition, when the Mass Radiography Units visited any locality, the teachers at the schools in the vicinity were advised to avail themselves of the opportunity of being X-rayed, particularly as they were working in close contact with children. Not all teachers avail themselves of this opportunity, and it is earnestly hoped that in the future, when the Mass Radiography Unit is nearby, all teachers will go there for X-ray.

CHILDREN'S HOMES AND NURSERIES

The number of examinations of children of school age carried out by Assistant County Medical Officers at Residential Children's Homes of the Children's Department was 327.

Oaklands Park, the Residential Home maintained by the Health Committee at Dawlish, for children whose health would be improved by a change, continued to function throughout the year. As the vast majority of children admitted come from schools which are

administered by the Education Authority, the following table is given :—

Number of recommendations for admission received	133
Number of school children admitted for the first time during the year	129
Number of children re-admitted	2
Average length of stay	11 weeks, 6 days.
Average gain in weight	4 lbs. 12 ozs.

CHILDREN NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES

This Department has continued to co-operate with the Co-ordinating Officer in the visiting of some of the problem families in the County. The Health Visitor/School Nurse and Home Help have been of invaluable assistance in helping the social readjustment of these families. Housing is still one of the frequent difficulties and I am glad to report that some housing authorities in the County have been most helpful in recognising the special need and granting tenancies to some of these families who were unsatisfactorily housed. There have been several cases in which re-housing has been the beginning of an improvement in the whole family life, and in a few instances it has been possible to cease detailed supervision.

CONSULTATION SCHEMES

The records of children referred to Consultants were as follows :

(*a*)	Child Guidance	286
(*b*)	Chest Physicians	104
(*c*)	Ear, Nose and Throat Surgeons	589
(*d*)	General Physicians	17
(*e*)	General Surgeons	26
(*f*)	Dermatologists	32
(*g*)	Orthopaedic Surgeons	231
(*h*)	Ophthalmic Surgeons	1*
(*i*)	Cardiologist	15
(*j*)	Paediatrician	9
(*k*)	Any other	4
	Total	1314

* Case specially referred for consultation.

EXAMINATION OF STUDENTS FOR TRAINING COLLEGES

At the request of the Ministry of Education, students entering training colleges, not only in Devon but in other parts of the country, were medically examined by the staff of the School Health Service. During the year, 178 of such examinations were carried out by the medical staff.

SURVEY OF CHILD HEALTH

The County is co-operating with the University of London's Joint Committee of the Institute of Child Health concerning a group of children born in the first week of March, 1946, drawn from all social classes and all parts of England and Wales, for whom information has been amassed in regard to accidents, illnesses, growth and development. During 1953, 169 returns were completed in respect of these children who were living in Devon and returned to the Institute.

INFECTIOUS DISEASES IN SCHOOLS, AND IMMUNISATION

During the year, no schools were closed on account of infectious diseases. This is the third year that there have been no closures compared with three in 1950.

6,255 children (infected and/or contacts as notified by Head Teachers) were excluded; chicken pox 1,176, conjunctivitis 32, German measles 149, measles 3,084, mumps 624, scarlet fever 220, septic tonsillitis 1, whooping cough 824, ringworm 22, impetigo 19, scabies 2, other diseases 84.

Reinforcement doses of diphtheria antigen were given shortly after children entered schools and also before leaving the Primary for the Secondary Schools. A total of 9,243 were given during the year.

It is heartening to be able to report that no case of diphtheria occurred in the administrative County of Devon during 1953.

EMPLOYMENT OF SCHOOL CHILDREN OVER 12 YEARS OF AGE

Number of cases examined by A.C.M.Os ..	953
Number of cases examined by Private Doctors ..	169
Number of cases found unfit for employment, or who were refused employment on other grounds ..	6
Number of cases in which employers were prosecuted for offences against the Authority's Employment Bye-Laws under Section 18 of the C. & Y.P. Act, 1953	1

PRIVATE SCHOOLS.

Two Convent Schools in the County participated in the Devon County Council's School Health Scheme.

IMPROVEMENTS OF OFFICES, SANITATION ETC. CARRIED OUT BY THE COUNTY ARCHITECTS DEPARTMENT DURING THE YEAR.

County Primary Schools.

Axminster	Additional lavatory accommodation
Bradford	New drainage tank, etc.
Bridestowe	Additional lavatory accommodation
Chivelstone: East Prawle	Main water supply.
Cullompton	Additional cloakroom accommodation
Dartmouth	Additional lavatory basins
Dunsford	Additional lavatory basins
Ermington	Staff lavatory accommodation
Halwill	Main water supply
Musbury	Main water supply
St. Mary Tavy	Additional lavatory basins
Seaton	Additional lavatory basins
Shaugh Prior	Main water supply
Shute	Main water supply
Spreyton	Main water supply, new drainage
Stoke Fleming	Improvements to Offices
Wembury	Additional lavatory basins

Voluntary Ppimary Schools.

Barnstaple: St. Mary's	Additional lavatory accommodation
Blackpool	Additional lavatory basins
Black Torrington	Alterations to Offices
Brixham: St. Peter's	Improvements to Offices
Countisbury	Alterations to Offices
Dittisham	Additional lavatory accommodation
Diptford	Additional lavatory basins
Exbourne	Improvements to Offices
Exmouth: Withycombe	Improvements to Offices
Exmouth: Littleham	Improvements to Offices
Great Torrington: Blue Coat	Additional lavatory accommodation
Landkey	Main water supply
Lew Trenchard	Additional lavatory basins
Luppitt	Improvements to Offices
Malborough	Improvements to Offices
Plympton: Sparkwell	Additional lavatory basins
Pyworthy	Additional basins and main water supply
Rew & Netherexe	Improvements to Offices, main water supply
Salcombe	Additional lavatory basins
Strete	Improvements to Offices
Torquay: Ilsham	Improvements to Offices
Torquay: Torwood	Additional lavatory basins
Woodbury	Improvements to Offices

Secondary Modern School.

Paignton Girls	Improvements to Offices

SAMPLING OF WATER SUPPLIES.

Through the County Sanitary Officer, a watch was kept on the water supplies of the schools, and during the year 152 samples were taken and sent for bacteriological analysis. 17 of these were taken from main supplies and 135 from wells. Where they were found unsatisfactory, appropriate advice was given to the Heads of the schools.

COMMENTS FROM ANNUAL REPORTS OF INDIVIDUAL ASSISTANT COUNTY MEDICAL OFFICERS.

Dr. L. G. Anderson, (*Exmouth—part of, Budleigh Salterton, and St. Thomas R.—part of*).

As in previous years the schools in my area have been visited three times during the year and there does not appear to be any particular matter which requires special comment.

Immunisation of school children (re-inforcing injections) at the ages of 5 and 10 years have been carried out in the winter term only and not as previously, throughout the year.

The incidence of Pediculosis capitis infestation is extremely low and confined to one or two difficult families only.

The liason between the general practitioners in the town continues to be satisfactory and the policy of referring all cases to their own Doctors before referring them to consultants has been continued without any difficulties.

Dr. M. E. Budding, (*Tavistock—Plympton—Holsworthy Area*).

There is little new to report in the day to day School Health work. All schools, appropriate children, canteens etc have been inspected during the year. In the Tavistock area an added difficulty has been the fact that the medical room used for all three schools has had to be taken over as a classroom, with the result that the medical inspection last term had to be held in the unsalubrious, if hygienic ?!, changing-room-showers-room of the sports pavilion.

A new school clinic has been opened at Lifton and appears to serve a useful purpose in a rural area. An orthodontic clinic which is most valuable has also been started in Tavistock, but unfortunately unless accommodation can be found in the near future, both that and the equally valuable emergency dental clinic will have to cease functioning.

The speech clinics continue to serve a very useful purpose

During school inspections, particularly in the Holsworthy—Okehampton rural area, mothers are, at the suggestion of the H.V.s' bringing their pre-school infants and toddlers along for examination and advice.

There have been no outstanding diseases or tendencies, apart from a slight increase noticed this autumn in impetigo. There was no apparent reason for this and it affected more than usual the better class child.

CHILDREN'S DEPARTMENT.

It has been a great help I think to all concerned to have an area office established at Tavistock.

CANTEENS.

These are invaluable where they are on the same premises as the schools and the incredibly good meals turned out is amazing. Wherever a new canteen is established I have been interested to see that the number of children having school dinners invariably increases markedly during the term. It is also an interesting fact that not infrequently the Paediatrician and chest physician will advise mothers to let the children stay in to school dinner.

OAKLANDS PARK.

Several children have been sent during the past year and appear to have benefitted where they have not been removed by the parents early. It has been difficult to persuade parents this year and it is appalling how much they resent being asked to pay anything or make any effort themselves.

MILK.

I try to ascertain the state of the milk supply in each school, and was able after a long time to make some improvement in one area where it was badly needed. In another school two cases of enlarged cervical glands were found, and at the same time a heavily T.B. infected milk supply was traced by the county sampling officer. In the case of milk and water supplies there are so many authorities involved that we overlap badly it seems to me.

HOME TUITION.

This has been recommended in a number of cases and together with occupational therapy has proved of great benefit not only educationally but medically by giving a real interest.

HANDICAPPED PUPILS.

The usual arrangements have been made for these, and 3 children 2 boys and 1 girl, have been sent to St. Loyes under the Disabled Persons Training Scheme.

Ascertainments have been carried out during the year and the possibility of the new school at Maristow for educationally sub-normals will serve a great need, although in one or two schools with special classes for backward children the results have been particularly promising. Once a child leaves his primary school unable to read or write he will never do anything in any way, but if he can attend the special class it is amazing how he becomes interested often in his whole school life. Some more peripatetic teachers for these children would, I think justify the cost. We badly need more small duties for the ineducables. Several could easily meet in Tavistock a few times a week.

In my last report I mentioned an interesting experiment at Holsworthy S.M. school where as part of a special course the girls

in the senior class have attended the Infant Welfare Centre regularly. An indirect outcome has been that several of the leavers this year are going to do courses for nursery nursing, and nursing at the Technical College.

Finally I wish to thank all Health Visiting and school staffs who co-operate to make the work possible, the Health Visitors in spite of serious overwork.

Dr. T. J. Davidson, (*Bideford Area*).

All schools in my Area had one Routine Medical Inspection and practically all had one Re-inspection during the year. The health of the school children examined was on the whole good. The number of schools under my Medical Supervision was reduced during the year due, I understand, to an administrative re-arrangement.

Regular school clinics were held at the various centres where minor ailments were attended to.

All Handicapped Pupils and Boarded Out children were seen at least once. A considerable amount of time was spent visiting and examining children requiring special supervision or examination either at school or in their homes. This forms quite a large and interesting part of one's duties.

A considerable amount of sickness and absence from school amongst school children continues to be due to the " childhood " diseases—measles, chicken pox, mumps and whooping cough.

School accommodation in Bideford and East-of-the-Water is overcrowded. Recreational facilities are grossly inadequate. The building of the proposed small infants school is not likely to materially ameliorate the position.

I am happy to record that I have received the fullest co-operation and assistance from all School Teachers and Health Visitors during the year. I am very grateful.

Dr. H. M. Davies, (*Newton Abbot Area*).

With the revision of the areas which took place in September on the appointment of Dr. N. Archer to the County Medical Department nine schools in my area were transferred to her care. Full routine examinations and at least one follow-up examination were carried out at twenty-two schools.

Infectious Diseases.

Acute Poliomyelitis.

Only one case of Acute Poliomyelitis, and that a case without paralysis, was notified in children of school age in my area.

Measles.

One hundred cases of Measles were reported in children attending schools in the area. This high incidence was expected after the very low number of cases reported in 1952. Most cases were

notified in the first few months of the year, very few cases occurring after the end of June.

Whooping Cough.

The incidence of this disease was low during the year. Only eleven cases having been reported in children of school age.

Scarlet Fever.

Six cases of Scarlet Fever occurred during the year. The attacks continued to be extremely mild and I am sure that in some cases medical advice was not sought and in consequence the precise number of cases is not known.

Defects Discovered at Medical Inspection.

The most common defects which, continued to be discovered at Medical Inspections are those of the ear, nose and throat. A large number of dental caries continue to be noted. I am of the opinion that the number of orthopaedic defects is declining.

Cleanliness.

In general the cleaniness of the children in and around Newton Abbot is good, and in my opinion has improved considerably during the last few years.

Cases of verminousness are becoming rare and the cases which do occur are usually found in children from the rural areas.

Diphtheria Immunisation.

For the first time for some years immunisation has carried on throughout the year as it was not necessary to interrupt immunisation during the autumn period as the incidence of acute poliomyelitis was extremely low.

It is now eight years since a case of diphtheria has occurred in this area and it is difficult to overcome the complacency in the minds of some of the parents.

Once again I express my thanks to the Health Visitors, Nursing Assistants and Head Teachers for their assistance and co-operation during the year.

Dr. D. Green, (*Honiton Area*).

School Medical Inspections have proceeded smoothly during the year, one Routine Inspection in all schools and one or more follow up inspections of cases under observation. Only an odd " objection " or two readily overcome have arisen.

The teaching staff in schools have almost everywhere been most co-operative in and to the medical work.

Cleanliness.

Inspections reveal that though the general standard of cleanliness remains high, there are still a few families who are persistently verminous, or dirty and ill-clad, despite all efforts of the Health visiting staff to offer lasting improvement. In some cases the children are acutely sensitive to their defect in others the parental apathy has affected them also.

Sleep.

I still have occasion to complain that too many children appear to lack sufficient sleep. This would seem to be in part due to lack of parental discipline in regard to amusements and entertainments and occasionally to children being " farmed out " in the evenings so that the parents may pursue their own diversions.

Foot Posture.

Defects continue to appear in large numbers though I find that more " foot consciousness " prompts parents to seek advice and treatment during pre-school years more often than previously.

General Posture.

Defects are also too common and often appear to be correlated with a general slackness in physique and mental attitude.

Throat Defects

Still appear frequently in the younger groups but ear troubles have seemed to be somewhat less during the year.

Diphtheria Immunisation.

Though the vast majority of children are now adequately protected, there are pockets of resistance where refusals are more than average.

The General Practitioners are most friendly and helpful both giving and asking for co-operation wherever possible.

I also appreciate the excellent work of the Health Visiting staff upon whom the efficient carrying out of our medical advice so often depends.

Dr. Marjorie H. King, (*Ashburton, Brixham, Dartmouth Area*).

Each school has now one periodical examination and two re-inspections. All school canteens have been inspected. Urgent sanitary defects have been noted. Diphtheria immunizations are up to date except for the Totnes area where they had to be postponed because of poliomyelitis in the area. (now completed 22.1.54).

Regular school inspections tend eventually to reduce the number of defects found in the later age groups. I believe that with efficient infant welfare work, fewer defects are found among the 5 year old entrants. I am convinced that children who have been regular attenders at I.W.C.s show definite benefits from that attendance.

I wish to mention here that I find the Health Visitor the important factor in persuading mothers to attend I.W.Cs., As the health of the pre-school child intimately concern findings at entrants Medical Inspections, I would stress the importance of a persuasive and confident personality in a Health Visitor.

Attendance of parents.

Excellent for 5 year olds—frequently 90%, and good for 10 year olds. Fair for 12's, poor for 14's—as I have previously reported—I believe that the older children are unwilling to have mothers attending at R.M.I. Regarding parents attendance at reinspections —I consider that notice on Form S.H. 9b is unsatisfactory. Verbal notice is quite inadequate for 5 and 10 years old children.

Cleanliness.

Generally is good—surprisingly so in areas where bathing facilities are primitive. With increasing transference from shocking houses to Council estates, one hopes for an even higher standard of cleanliness. I consider that it is *most important that teachers stress in every possible way the importance of cleanliness.* All schools now have more or less adequate washing facilities—some have excellent. All possible use should be made of these. As I have reported, face and hands get adequate attention—teeth, nails and ears insufficient. The filthy state of the toenails and feet of some of the older boys and girls has to be seen to be believed. I find occasional flea bitten children, it is difficult to convince the mother that these are flea bites.

The days when one found body lice and bug bites are long past certainly in these country areas. The head louse is rare, thanks to the unremitting efforts of H.V.s and Nursing Assistants. There is and may be indefinitely the hopeless core. Perhaps not indefinitely as the present children are being taught by our Health Visitors that a verminous head is a disgrace, so that, in time as these children become adults and parents, head cleanliness may be an understood essential. Meantime, we have no powers to cope with infestation in adult relatives. Many permanent waved !

Clothing.

On the whole excellent. One finds of course the badly clothed child from the known unsatisfactory home. Also one still finds occasionally the over anxious mother who mistakenly wraps the child in layers of excellent woollen garments " to protect his chest etc.

Anaemia.

I continue to find quite a number of cases, mainly amongst adolescent boys and girls. It would be interesting if one had time to study these cases re possible causes. I suggest unbalanced diets, unsuitable housing (overcrowding, no sun, no ventilation) and inadequate rest etc.

Orthopaedic.

I am still much concerned re defective posture, not only in adolescents but in 10 year olds and even occasionally in 5 year olds. I insist yet again that it is up to the teachers to see that the children sit, walk and breathe correctly. I agree that with the appalling state of overcrowding in our schools where the unfortunate teacher has to cope with a class of about 40 children, this is asking the almost impossible. But even so, an occasional order re correct sitting standing and nose blowing would help. There are still in many school most unsuitable desks. I want to stress the importance physically and psychologically of a straight back and adequate chest expansion It is useless in most cases appealing to parents. One hands out many posture exercise forms but neither child nor parent will persevere. The improving work can only be done by regular and patient work on the part of the P.T. instructor, or, as in the majority of schools, by the class teacher.

General Condition.

On the whole, few children show condition (A) (i.e. excellent) and very few show condition (C). Class (C) is a constant problem I find that over the years the condition of these children is unchanged in spite of spasmodic supervision at M.A. Clinics where they are given vitamin supplements etc.; supervision is spasmodic because attendance lapses. School meals and milk advised—not always taken. In spite of our attentions, these children remain in category (C). They are of poor stock and will never rise to any higher level.

I thank all Head Teachers, Health Visitors and Nursing Assistants for their continued willing, efficient and helpful co-operation.

Dr. M. S. O'Riordan, (*Okehampton—Crediton Area*).

1. Improvements in Amenities.

I can now see a slow but general improvement in the schools themselves especially in the rural areas where, gradually as more schemes for the development of the county come to fruitition, the school, along with the rest of the community benefits. This is especially noticeable in such matters as lighting, water supply and sanitation, and in the past year several schools in my area have been brought up-to-date.

2. Bronchiectasis as a sequelae to whooping cough

I am now coming across some cases of bronchiectasis directly traceable to a very severe attack of whooping cough some years previously and I would like to see all severe cases of whooping cough followed up as a routine procedure in view of the very serious complications which can and do arise from it.

3. Problem Families.

This very minute section of the community is a *national problem* and should be tackled on a national basis. As I have previously

stated, one or both of the parents is usually a high-grade mental defective and the children usually do not inherit a higher intelligence than their parents, and often it is even lower. Therefore, it is waste of man power on the part of health visitors, teachers, school attendance officers, social workers etc. to try and bring them up to the standard expected of the normal as they are incapable of doing this, and incapable of benefiting from advice or help in its present form.

One often hears of how one such family got every conceivable help and advice with their difficulties only to relapse in a matter of weeks if not days. It does not appear to be generally realised yet that the present method of coping with these folk is almost on a par with teaching a parrot to play the piano; you may with great difficulty succeed while you are there, but don't expect him to practise when your back is turned. I quite realise that this is a very difficult and controversial problem and knotty of solution, and that it is a problem that needs tackling as it will always be with us.

Dr. N. Proctor-Sims, (*Tiverton Area*).

Work has proceeded without any very noteworthy occurrence during the year, every school was visited for a full routine medical inspection and the majority for an inspection of follow-up cases The nutritional standard of the children especially the 5 year old entrants, is satisfactory. The standard of personal cleanliness, especially among adolescent boys, could be improved.

In Tiverton, where there has been a big building programme, it is very obvious how improved housing directly benefits the health and well-being of children previously living in damp unhygienic buildings. In a few families the Health Visitor and I have noticed a slight reduction in satisfactory nutrition in children who have moved into new council houses and the high rent has been blamed, but we generally find that the mother is not a good manager and advice on diet and household budgeting has helped. In some cases, alas, the acquisition of a T.V. set seems to have been given priority over food and good foot-wear.

The ban on diphtheria immunisation due to polio during the summer has meant that some children have not been protected, in spite of efforts to pick them up later

I wish there could be a nation-wide effort to cope with problem families, nearly all of whom are of low grade mentality and who drift from place to place with the children attending at perhaps eight or nine different schools during their school life. The community at large and the children themselves would benefit enormously if, at least during their last year at school, they could be given—boys and girls—special instruction in home making and management, simple hygiene and for the girls, simple mother craft. I for one, would be glad to make time to help in this matter.

I am very conscious, especially after reading Dr. Wilson's " Medical Inspection of School Children," of how far short the school health service is from what it might be. But as long as the

school doctor has the present over-loaded programme and too large number of children to cope with it does not seem possible to make very much improvement. With regard to medical inspections the first one at 5 years is quite the most important and should never be hurried, it is one's best opportunity to make friends with the child and mother and an invaluable chance of health teaching. Patient explanation on this occasion is almost invariably followed by active co-operation from the mother.

The opening of a new Infants school at Cowley Moor has shown how greatly improved the schools of the future will be.

I wish to thank Health Visitors and Head Teachers for their ready help and co-operation.

Dr. J. S. Rogers, (*Kingsbridge Area*).

During the past year I have been pleased to see a marked improvement in the postural and foot defects at Re-inspections as a result of remedial exercises, and the fact that I have been able to persuade the parents to discard as far as possible rubber soled footwear in favour of leather soles. The general standard of school health has been good. The main defect appears to be enlarged and/or septic tonsils and adenoids. There still appears to be considerable delay in forwarding Medical Records where a child has been transferred from another school.

Dr. L. Solomon, (*Torquay Area*).

Since 1948 the school population of my area has increased by 1,000 to 6,003. Routine and Special examinations were carried out on 2,250 children and Re-inspection on 549, in the 16 schools visited (population 3783). Parents also brought along 33 under school age children for examination and advice. It was not possible to visit 5 schools (pop. 2,220) during the year.

Of the 173 sessions available for school health work during the time, 130 were devoted to Medical Inspections, 24 to the open air school, and to inoculations and 11 to special examinations and meetings e.g. Villa Languard.

The information available from the now fully established annual Weighing and Measuring of all school children in the area has been of the greatest value. Each child's annual weight gain or loss was available at each Medical Inspection, and brought to light unsuspected cases, and confirmed other cases, of undernourishment, these were all investigated, parents were advised, and some cases were admitted to the open air school where rapid weight gain was obtained by more adequate nutrition.

Diphtheria Immunisation.

Booster inoculations were given to 1013 children, and 84 school children had complete primary inoculation. Only 85% of the number of children in the 5 and 10 year age groups received boosters. This was disappointing in comparison to the higher percentages of previous years.

At about mid-year it was obvious from the returned S.H.2. Consent Forms (711) that over 24% of parents had not given their consent. In the latter half of the year, at my special request, the Health Visitors personally interviewed all non-consenting parents who attended the Medical Inspection. Many were thus persuaded to alter their decision. Of the 633 Consent Forms received in this period there were only 10% refusals. These were mostly of parents who did not attend the Medical Inspection. I am still of the opinion that a greater number would have been persuaded if the Health Visitors had been permitted at the time to visit the homes and interview those parents who did not attend the Medical Inspection.

It is of interest that 20 parents indicated that they wished their own family doctor to do the inoculation, after 3 months these cases were followed up, and it was found that only 6 had been to the family doctor.

Defects

(*a*) *Posture*

A very great improvement was noticed in general posture, specially in those schools where remedial classes were held. Very great credit is due to the teachers who took those classes, and to the Head Teachers who took such an interest in the subject.

(*b*) *Feet.*

Many foot defects encouraged and caused by unsuitable footwear were noted, and the position explained to parents and children. Of recent years the whole question of foot-defects and suitable footwear for children has been of national concern. Not only should suitable footwear be available but the human element must be considered and explanation and advice given to parents and especially to senior school girls.

School Kitchens.

While School Kitchens and washing up facilities were being investigated, it was soon obvious that the Two Sink Method of washing up, where installed, was often not used properly, and in the majority of cases the Rinsing (or sterilizing) sink was not efficient, i.e. the temperatures of the water could not be raised to, and maintained at 180°F.

These facts were brought to the attention of the school meals organizers, and resulted in the series of talks to canteen personnel. It is important that when Two Sinks Method is installed, specially in new schools, it should work properly and be adequutely tested.

Verminousness.

It is gratifying to report that the number of school children found verminous at termly inspections has again been reduced. In Autumn 1953 there was 50 cases of verminousness, nearly 1/5 of the number in summer 1949. Some of the "regular offenders" were

reported clean, but many more families could be helpful if the Health Visitors were encouraged to follow-up the exclusions with Home Visits.

All this work would have been impossible without the co-operation and help of the Head Teachers, Health Visitors, Nursing Assistants and the efficient clerical staff. I wish to thank them.

Dr. H. R. Vernon, (*Ilfracombe—Barnstaple Area*)

The year has seen the completion of five years work in the same area and the benefit of a very careful " follow-up " of any minor defects found at the " five-year old " periodical examination has been seen in the comparatively small number of " ten-year olds " requiring treatment or observation.

All schools—except one—have been visited twice in twelve months, but many of the country schools have been visited each term Experience has shown that the urban schools make full use of the school clinics and that Medical Inspections there are not so urgent as in the small isolated country schools where transport makes it difficult for parents to bring their children to a clinic. In this respect, I consider that numbers and statistics can give a very misleading idea of the work actually done.

There has been almost a hundred per cent attendance of parents at the school medical inspections especially at the lower age groups, the parents taking a genuine interest in the health of their children. The most notable exception to this being the absence of Matron or Foster Mothers from the Devon County Council Children's Homes when children from these homes are seen at school. It is also noted that no notification of boarded-out school children in the area (and the school attended) has been received for some years, and that often boarded-out children are only found at periodical examinations. I think it would be a good thing if all Foster Mothers were urged to make every effort to be present at all School Medical Inspections of children " in care "—at least up to the 10 year old age group " Periodical ".

The general health has been good despite the epidemic of measles in the winter 1952/3. Several cases show evidence of a past rickets and when the parent is asked if the child had Cod Liver Oil as an infant, the answer invariably is " No doctor but he/she had orange juice regularly." I wonder if the Ministry of Food could not produce the Vitamins A, C and D in one mixture, as is done now in proprietary articles and so make things easier for the harassed mother.

Much time is spent on ascertainment of children who are Educationally Sub-Normal. Invariably the teachers know all about these

children and are giving the appropriate education, and the time spent by the Educational Psychologist and the A.C.M.O. makes little or no difference. I should like to see much more time spent by the Educational Psychologists, Teachers and A.C.M.O.s in consultation over the near-passes and near-failures for Grammar School in the selection tests, and an easier interchange between Secondary Modern Schools and Grammar Schools of both social and education misfits. I have had a case in the past year where a child always in trouble and playing truant from the Grammar School was transferred to a Secondary Modern School, immediately found a correct level both socially and educationally, and became a prefect, and attended regularly. Conversely, there are children with comparatively high I.Qs. who fail for the Grammar School and when they attend a Secondary Modern, appear to get lazy and stop trying to learn. When the country is crying out for a better educated population, I think every effort should be made to see that all suitable children have a trial period at least in a Grammar School even if they have failed in the Selection Test.

Finally, a word of thanks to the Teachers, especially those in the overcrowded schools for their co-operation and assistance in arranging for Medical Inspections, and to the Health Visitors, School Nurse, and Assistant School Nurses for their valuable work during the year, without which the School Medical Inspection would lose much of its value.

Dr. G. H. Walker, (*Exeter Area*).

During 1953, there was a re-shuffle of areas for A.C.M.Os. and H.Vs.—the result, in my case, is that I now work with 8 or 9 H.Vs. instead of 4 as previously. It is, however, interesting to meet a fresh batch of Headmasters and Headmistresses and to note afresh how the personality of the Headteacher sets the tone of the school.

Miss Horsburgh, Minister of Education, said in the House recently that only 50% of children in the country aged 5 are immunized against diphtheria. This strikes one as sadly below the percentage we reach in Devon, for my impression is that it is rare to find a school entrant who has not been immunised. I long for the time when we can offer immunisation against Whooping Cough—that pernicious disease of childhood.

For the purpose of enlarging my knowledge of the problem of Spastic Disease in children, I spent one memorable day at the Dame Hannah Rogers School for Spastics at Ivybridge. The work of the skilled and devoted teachers, physiotherapists, speech therapists, and others at this special school should, I feel, be seen by all A.C.M.Os. and Health Visitors and indeed by any doctor or nurse in Devon—for

it is not only intensely interesting in itself but provides an awful warning against any ante-natal and obstetric care short of the best.

I attended one of Dr. Jolly's Ward Rounds during the year and as Plymouth is so far from Exeter, may one hope that similar arrangements to attend Dr. Brimblecombe's clinics and ward rounds in the Royal Devon and Exeter Hospital may be made for those A.C.M.Os. nearer to Exeter than to Plymouth?

Of the filling up of forms there is no end. Some statistics one knows to be necessary—others are of dubious value, but no relief ever comes from this tedious aspect of the work. However, even Sir John Hunt found he could not climb Everest without coming up against " the exasperation of paper-work " as he called it.

I am always pleased to acknowledge the great debt which I, like all A.C.M.Os., owe to the Health Visitors with whom I work for their unfailing help and co-operation. Head teachers too are invariably hospitable and patient, and most of them appear to appreciate the value of school medical inspections.

THE SCHOOL DENTAL SERVICE.

Report by J. Fletcher, Principal School Dental Officer.

STAFF.

During the year under review there was a net gain in staff of the equivalent of 1½ whole-time dental officers bringing the total up to 17½. Mr. Warren and Mr. Pollock, who joined the county dental staff during the year, have made the following comments in their annual reports which may be of interest. Mr. Warren writes : " I joined the dental staff in February of this year and was at once impressed with the co-operation of the Heads of the schools. Most of all I was agreeably surprised to have been given complete clinical freedom. I was satisfied too with the portable equipment given to me ". Mr. Pollock writes as follows : " Commencing duties at the Barton Clinic, Torquay, in October of this year, I was greatly impressed with the surgery layout and the excellence of the equipment provided. On carrying out my first dental inspection at a school, I was most favourably impressed by the conservative work that had been achieved in the past by my colleagues in the service: it gave one the feeling of doing a really worth while job under ideal conditions. There were comparatively few refusals of treatment and I regret to

state that in such cases where neglect was obvious the general dental services were made the excuse." Earlier in the year Mr. T. L. Fiddick, who reached the normal retiring age some years previously, relinquished his whole-time appointment, and after April became a part-time officer for 6 half days weekly in the Totnes Rural area. In consequence of the improvement in the staffing position more half days were devoted to inspection and treatment in 1953 than in any other year since 1948, which year closed with an effective staff of 18 whole-time dental officers. In 1948 the approved establishment of Dental officers was 19, at which figure it still remains. Then however, the school population was approximately 52,000. In 1953 it had risen to approximately 60,000. In 1948 it was possible to complete the tour of the dental areas in a year or less, but the increase in the school population coupled with an increasing incidence of dental desease makes this now impossible. In a recent circular from the Ministry of Education, it was emphasised that " the objective should be to inspect the teeth of every pupil at least once a year— preferably more frequently— and to offer prompt treatment to such children as are found to need it." The provisions of the Education (Miscellaneous Provisions) Act 1953, makes it clear that Education Authorities have a duty to provide a comprehensive system of free dental treatment for school children, and that this duty cannot be fulfilled by the reference of children for treatment under the general dental service of the National Health Service. This and circulars emanating from the Ministries concerned make it clear that it is government policy to look to the school dental service as the normal means whereby school children should receive their dental care. It is obvious, therefore, that consideration must now be given to an increase in the establishment of dental officers. In order to allot to each dental officer an average of not exceeding 3,000 school children— a figure often referred to in Ministerial pronouncements— and taking into consideration the supervisory responsibilities of the Principal School Dental Officer and the time given to specialised orthodontic treatment by the orthodontic specialist officer, Mr. Peacock, an establishment of 21 dental officers and dental attendants —two more than at present— would be necessary. As a step towards this end, a recommendation for an increase of one dental team during the year 1954-55 was made to the Education Committee*

DENTAL TREATMENT.

The figures of treatment per 100 children given below show that the number of permanent teeth filled continues to rise and that the ratio of fillings to extractions—7 to1—is reasonably good. The number of temporary teeth filled shows a slight increase but the ratio of extractions to fillings is not so good. This reflects the dilemma which confronts every dental officer when faced with the problem of caring for a greater number of children than he can hope to offer complete service of conservative treatment for both the permanent, and temporary dentitions, when priority must obviously be given to teeth with potentially a longer period of

usefulness. Some authorities prefer to describe the temporary teeth as foundation teeth in order to emphasise their importance in laying a foundation of bone development for the later permanent dentition. Early loss of temporary teeth is therefore to be deplored in that it may lead to dental troubles and deformities later in life.

In order to show that the school dental service provides for a full range of dental treatment beyond that of merely extractions and fillings the following excerpt from the annual report of Mr. Derbyshire, Castle Road Clinic, Torquay, is given : (1) X-rays 150. (2) Acrylic Jacket crowns 1. (3) Inlays 2. (4) Buried roots requiring reflection of muco-periosteum and bone removal and subsequent sutures 2. (5) Partial pulpotomy in boy age 9 years in upper right central incisor, large piece of crown fractured following trauma (injury) presented unfortunately 48 hours later, carried out under nerve block local anaesthesia. Subsequent history uneventful. Final check X-ray to see if apex still closing has yet to be taken. (6) Mucous cyst removed from crest of lower lip in boy aged 8 years. Recovery uneventful. (7) Partial dentures 6. From Mr. Dickson's report, Exeter Rural area, we read that 3 acrylic jacket crowns were fitted.

The acceptance rate for dental treatment continues to be reasonably satisfacory and was in fact 70.5% of those found to require treatment and 88% of those actually referred for treatment.

Clinics.

No new static clinics were opened during 1953 but the Totnes clinic, although brought into use in December 1952, did not begin to function fully until 1953. It now provides for emergency dental treatment for the Totnes urban and rural district, for routine dental care of the children in the Borough schools, and extractions under general anaesthesia for both areas. The County orthodontic specialist officer also pays monthly visits to the clinic. This clinic is situated in the air raid shelter portion of the old day nursery in the Borough Park and was adapted as a dental clinic by the Borough Council and rented from them by the County Council. Although the premises did not at first sight appear too promising, the adaptations carried out have proved so satisfactory that the clinic (of which Dr. House, who also serves the Paignton Clinic, is in charge) immediately proved its value. The natural lighting has been the greatest problem, but a shadowless lamp was installed with very good results. The other clinics are gradually being equipped with with this form of lighting. A good operating light is of paramount importance and although young eyes may not apparently be affected, older dental officers, especially those who have worked under makeshift conditions in rural areas, well know the strain of trying to work in indifferent light when their eyes are needing increasing optical assistance.

Following the success of the first mobile clinic, the County Council approved the purchase of two further mobile clinics on a ten-year loan basis in 1953. The first of these was delivered in September and the second in December. These two are of an improved design for which the Principal School Dental Officer of Gloucestershire and formerly of Exeter, was largely responsible. At the request of this Authority a transparent perspex segment is incorporated in the roof and rear end of the vehicle above and forward of the dental chair. This, together with a spot-light which can be focussed where required, gives an excellent light for operating in the mouth and with a full size dental chair with childs seat attachment gives a comfortable operating position for children of all ages. Mr. J. L. Dickson, Exeter rural area, writes : "The mobile clinic has been an outstanding success and has drawn favourable comments from all. From the operator's point of view working conditions are admirable and I am convinced of the propaganda value when parents visit the clinic. Undoubtedly this is the best step forward for the School Dental Officer visiting rural areas." And again, Mr. Gibbs, Barnstaple rural area writes : " It aroused a good deal of favourable comment from parents and others and was an object of much interest to the children themselves. They were all very keen to come inside." It might perhaps be added that Mr. Gibbs bears no resemblance whatever to a spider, nor do the North Devon children to flies ! The first of the new mobile clinics was exhibited in the Castle grounds at the times of the September Health and Education Committee Meetings and aroused much interest.

The building of the new combined medical and dental clinic at Bideford was started during the summer and was nearing completion at the end of the year.

Orthodontic Treatment.

This service again illustrates the wide range of treatment given under the school dental scheme and requests are frequently received from dentists in general practice for school children being treated for fillings and extractions by them, to receive orthodontic treatment under the county scheme, and reference is often made by name to the County orthodontic specialist officer, Mr. Peacock, whose work as years go by is becoming more and more widely known and appreciated. Mr. Peacock now visits regularly the following centres : Plymstock, Tavistock, Kingsbridge, Totnes, Torquay, Newton Abbot, Exeter and Exmouth. Time and distances have so far prevented him from visiting North Devon, but advice where requested is given by him from the study of models of the jaw and X-rays. Details of orthodontic treatment are as follows :.

Cases under treatment	273
New cases commenced..	296
Cases completed during 1953	192
Cases discontinued	90

Oral Hygiene and Preventive Dentistry.

A number of dental officers have reported unfavourably on the standard of oral hygiene particularly in secondary schools. Mr. Massey, Sidmouth area, thinks that the ready availability of dental treatment under the health service may divert peoples minds from the desirability of taking active steps themselves to prevent treatment becoming necessary. He comments somewhat ironically as follows : " It makes no difference whether we clean them or not—someone has to do something for us sooner or later and it is free anyway!" The importance of oral hygiene in the prevention of dental decay cannot be too greatly stressed with an increasing national consumption of sweets approaching an average 8 ounces per head per week and the school meals which almost of necessity must end with some form of sweetened carbohydrate. Tooth cleaning after each intake of sugar or sweetened starch hardly being practicable throughout the day, Prof. Lundqvist in Scandinavia has demonstrated the value of vigorous mouth rinsing after meals. The water so used is then swallowed and social convention need in no way be offended Such rinsing might well be taught as routine practice at the end of all school meals, and could thus become a most valuable preventive habit in after life

Mr. Pollock refers to the frequency with which he finds serumal or tartar on the necks, teeth beneath the gum level and the improvement in gum condition which subsequent treatment brings about. This observation points to the valuable service a dental hygienist could render not only in scaling and polishing the teeth but in the educational work she would be able to carry out. Many local authorities, both urban and rural, employ these hygienists with success. Their employment in this county has not so far been recommended as accommodation for their work has not been available. Their employment in the future should, however, be considered.

In earlier reports, reference has been made to the value of small quantities of flourides in drinking water in conferring at least a partial degree of immunity to dental decay on persons who have come under its influence during the formative period of their teeth. In July, 1953, the Report of a Mission to North America to study the results achieved by " fluoridation " in that Continent was published. The Report endorses the value of " fluoridation " and recommends that fluoridation studies should be commenced in certain selected areas in the country. It unfortunately did not appear that any suitable areas for such studies existed in this County, and so regrettably no recommendation was made to the Committee for a request for the inclusion of any part of the County in the schemes proposed.

Co-operation.

It is again with pleasure that acknowledgment is made of the

cordial co-operation afforded by Head Teachers and others to the Dental Officers in their work, which co-operation adds so greatly to the success of the scheme.

* The Establishment Committee deferred consideration of this recommendation on the grounds of the unlikelihood of any immediate appointment being possible.

DENTAL INSPECTION AND TREATMENT

Primary and Secondary Schools (including Grammar)—also Special Schools

(1)	Number of pupils inspected by the Authority's Dental Officers:		
	(*a*) Periodic age groups		35,935
	(*b*) Specials		2,541
		Total (1) ..	38,476
(2)	Number found to require treatment		26,282
(3)	Number referred for treatment		21,040
(4)	Number actually treated		18,513
(5)	Attendances made by pupils for treatment		37,728
(6)	Half-days devoted to: Inspection and Treatment } Including Orthodontic Treatment ..		6,472†
		Total (6) ..	6,472†
(7)	Fillings: Permanent Teeth		25,043
	Temporary Teeth		3,030
		Total (7) ..	28,073
(8)	Number of teeth filled: Permanent Teeth		21,814
	Temporary Teeth		2,960
		Total (8) ..	24,774
(9)	Extractions: Permanent Teeth		3.053
	Temporary Teeth		12,459
		Total (9) ..	15,512
(10)	Administration of general anaesthetics for extraction ..		2,913
(11)	Other operations: Permanent Teeth		13,518
	Temporary Teeth		4,884
		Total (11) ..	18,402

*For the present the Ministry are not asking for information regarding treatment carried out apart from the Authority's Scheme.
†Includes 383 sessions devoted to Orthodontic Treatment.

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